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1 UNITED STATES DISTRICT COURT
2 SOUTHERN DISTRICT OF NEW YORK
3 -----x

4 UNITED STATES OF AMERICA, New York, N.Y.

5 v. 20 Cr. 314 (GHW)

6 ETHAN PHELAN MELZER,

7 Defendant.
-----x

8 June 22, 2022
9 10:10 a.m.

10 Before:

11 HON. GREGORY H. WOODS,

12 U.S. District Judge

13
14 APPEARANCES

15 DAMIAN WILLIAMS

16 United States Attorney for the
Southern District of New York

17 BY: KIMBERLY RAVENER
MATTHEW HELLMAN
SAMUEL S. ADELSBERG
18 Assistant United States Attorneys

19 FEDERAL DEFENDERS OF NEW YORK

20 Attorneys for Defendant

21 BY: ARIEL C. WERNER
JONATHAN A. MARVINNY

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1 (Case called)

2 THE DEPUTY CLERK: Counsel, please state your
3 appearance for the record.

4 MS. RAVENER: Good morning, your Honor. Kimberly
5 Ravener, Matthew Hellman and Samuel Adelsberg for the
6 government.

7 THE COURT: Thank you. Good morning.

8 MR. HELLMAN: Good morning.

9 MR. ADELSBERG: Good morning.

10 MS. WERNER: Good morning, your Honor. Federal
11 Defenders of New York by Ariel Werner and Jonathan Marvinny for
12 Ethan Melzer, joined at counsel table by our paralegal Maria
13 Barkhurst.

14 THE COURT: Very good.

15 Thank you, counsel, for being here. We are here to
16 conduct a Daubert hearing with respect to the proposed
17 testimony of Dr. Greenfield. Is there anything that either
18 party would like to raise with the Court before we begin with
19 that work, first counsel for the government?

20 MS. RAVENER: Nothing further, your Honor.

21 THE COURT: Thank you.

22 Counsel for defendant?

23 MS. WERNER: No, your Honor. Thank you.

24 THE COURT: Good. Thank you very much.

25 So, let's begin. Counsel for defendant, would you

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Greenfield - Direct

1 please call your witness?

2 MS. WERNER: Your Honor, the defense calls Dr. David
3 Greenfield.

4 THE COURT: Thank you.

5 MS. WERNER: Your Honor, may I approach the podium?

6 THE COURT: Yes, you may.

7 MS. WERNER: And your Honor, may I remove my mask when
8 questioning the witness?

9 THE COURT: Thank you. Yes, you may.

10 DAVID GREENFIELD,

11 called as a witness by the Defendant,

12 having been duly sworn, testified as follows:

13 THE DEPUTY CLERK: Please state your full name and
14 spell your last name slowly for the record.

15 THE WITNESS: My name is Dr. David Greenfield.

16 THE COURT: Thank you very much.

17 Counsel, you can inquire.

18 DIRECT EXAMINATION

19 BY MS. WERNER:

20 Q. Good morning, Dr. Greenfield.

21 A. Good morning.

22 Q. What kind of doctor are you?

23 A. I'm a clinical psychologist.

24 Q. What is clinical psychology?

25 A. Well, it is the study and practice of treating and

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Greenfield - Direct

1 understanding human behavior but it's largely a clinical
2 discipline as well as an academic study of human behavior,
3 thinking, and emotion.

4 Q. Does that study of human behavior include a study of how
5 people relate to one another?

6 A. Very much so. That's really the basis of it. Social
7 interaction is the largest part of human interaction and human
8 behavior.

9 Q. How long have you been a psychologist?

10 A. I have been practicing as a licensed psychologist since
11 1986.

12 Q. And where are you licensed to practice?

13 A. I'm licensed to practice in New York -- New York,
14 Massachusetts, Connecticut, and I have a telemedicine license
15 in Florida.

16 Q. Do you currently practice?

17 A. Yes, I do.

18 Q. In what setting?

19 A. Well, I practice actually all over the place because of
20 COVID but largely in Connecticut, but I practice from a variety
21 of offices because some of what I do is through telemedicine
22 now.

23 Q. So you maintain a private practice?

24 A. Yes, it is a private office.

25 Q. We will discuss this in greater depth in a few minutes but

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Greenfield - Direct

1 during your career as a psychologist, have you developed a
2 professional speciality or focus?

3 A. Yes, I have.

4 Q. And what is that?

5 A. In the understanding of Internet behavior, as well as
6 treating Internet-related problems.

7 Q. Where did you earn your psychology Ph.D., Dr. Greenfield?

8 A. Texas Tech University.

9 Q. What year was that?

10 A. 1986. '85, '86.

11 Q. Did you write a dissertation or thesis?

12 A. Yes, I did.

13 Q. What is the topic?

14 A. The topic was predicting marital satisfaction.

15 Q. Did you conduct any sort of work or do work during graduate
16 school?

17 A. Well, yeah. About half of the time you are in school you
18 are treating patients in a clinic or in a hospital, which is
19 what I did, in addition to internship and residency.

20 (Continued on next page)

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Greenfield - Direct

1 BY MS. WERNER:

2 Q. What kind of schooling did you have prior to your Ph.D.?

3 A. I have a master's degree from -- I have a bachelor's degree
4 from Ramapo College of New Jersey. I have a master's degree
5 from New York University, and I have additional postdoctoral
6 master's degree in pharmacology from Fairleigh Dickinson
7 University.

8 Q. What was the subject of your psychology bachelor's degree?

9 A. It was in general psychology.

10 Q. And your master's degree?

11 A. In psychology, particularly clinical counseling psychology.

12 Q. What is counseling?

13 A. It's the -- it's the technique of providing a variety of
14 methods to alleviate human suffering, basically, through
15 techniques of psychotherapy: listening, cognitive behavioral
16 strategies, sometimes pharmacology as well.

17 Q. And when did you receive that additional training in
18 psychopharmacology?

19 A. I completed it in 2017. Yeah, 2017.

20 Q. What is psychopharmacology?

21 A. It's the study and use of psychoactive substances in the
22 field of psychiatry.

23 Q. Did your academic training include training on research
24 methodology?

25 A. Yes, it did.

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Greenfield - Direct

1 Q. What kind of training?

2 A. There were four or five courses in statistical analysis,
3 research methods, research design, and that's both at the
4 master's and doctoral level as well as the undergraduate level.

5 Q. Did that training include the performance of research using
6 surveys?

7 A. Absolutely.

8 Q. And did that training include the evaluation of surveys
9 that were based on self-reporting?

10 A. The research courses really included the ability to design
11 and critique studies of all sorts in behavioral science and,
12 actually, in all medical science, because you needed to
13 understand how drug studies worked as well.

14 Q. Did your training include training in how to draw
15 conclusions and synthesize ideas based on clinical practice and
16 work with patients?

17 A. Yes, very much so.

18 Q. And did it include training in the use of case studies?

19 A. Yes, it did.

20 Q. What are case studies?

21 A. Case studies are research reports that are based on
22 individual or groups of treatment experiences that are reported
23 in the literature as case studies.

24 Q. Did your training include the review of academic literature
25 conducted by others in order to inform your own understanding

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Greenfield - Direct

1 and practice?

2 A. Yeah, that's -- you have to understand the ability -- you
3 have to be able to critique and understand other people's
4 research both in order to conduct your own as well as to
5 implement the results of other people's research.

6 Q. After you graduated from your Ph.D. program, did you have
7 an internship?

8 A. I did. I had an internship at --

9 Q. Where --

10 Go ahead.

11 A. At McGuire V.A. Medical Center in Richmond, Virginia.

12 Q. What was that internship in?

13 A. It was in general psychiatry, addiction medicine, and
14 neurology.

15 Q. What sort of work did you do during your internship?

16 A. Treatment of patients. I worked on a substance abuse
17 addictions unit. I also worked in the acute psychiatry unit as
18 well as in the neurology outpatient clinic and performing
19 neurological and neuropsychological examinations.

20 Q. You're talking about psychiatry. Could you describe
21 briefly the relationship between psychology and psychiatry?

22 A. Well, they're obviously highly interrelated disciplines. I
23 mean my degree is in psychology, but most of my clinical work
24 has been in psychiatric or general medical settings. That's
25 not unusual, because the professions are interrelated.

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Greenfield - Direct

1 Q. How would you --

2 A. And we do very similar things.

3 Q. How would you define psychiatry?

4 A. The study and practice of addressing and treating human
5 behavior disorders.

6 Q. And so does your training as a psychologist prepare you to
7 work in a psychiatric setting as well?

8 A. Yes, it does.

9 Q. After your internship, did you have a residency?

10 A. I did.

11 Q. What was your residency in, and where was that?

12 A. Part of it was completed at Virginia Commonwealth
13 University in a counseling service, and then I transferred to
14 Fairfield Hills psychiatric hospital in Newtown, Connecticut,
15 and worked there -- completed my residency and then stayed on
16 as a staff psychologist.

17 Q. What kind of work did you do during your residencies?

18 A. I worked in the general psychiatry unit and acute
19 psychiatry unit and some work in the addictions unit, and I
20 performed neuropsychiatric evaluations.

21 Q. You started to say that you continued on at Fairfield
22 Hills. What kind of work did you do after your residency?

23 A. What I just said. I worked -- I continued in the general
24 psychiatry unit doing neuropsychiatric evaluations and also
25 covered some of the acute psychiatry unit. We would evaluate

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Greenfield - Direct

1 new patients coming in and then do routine evaluations, and
2 then we also did psychotherapy with the patients that were
3 suitable.

4 Q. And where did you go from there?

5 A. I left there and worked at a private psychiatric hospital
6 for one year with adolescents. Elmcrest Psychiatric Institute,
7 for one year.

8 Q. What age range is adolescence?

9 A. I would say the ages at this facility were about 12 and 13
10 on the low end and all the way up to about 18.

11 Q. What did you do after you left Elmcrest?

12 A. Well, I went into full-time private practice. Prior to
13 that I was already in part-time practice.

14 Q. You had started your private practice --

15 A. Yes.

16 Q. -- while you were still a staff psychologist?

17 A. Yes, which is very common. People will work in hospitals,
18 and then they will work part time in their private offices as
19 well.

20 Q. When you launched your private practice, did it have a
21 specific topic focus, or was that a general private practice?

22 A. Well, initially, it was a general psychiatric practice
23 working with a variety of problems and disorders that people
24 come in with, like depression and anxiety and a variety of
25 marital issues, relationship issues. But shortly after I

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Greenfield - Direct

1 opened it, into the early '90s, I started to develop a
2 specialty in the addiction field, which, with a more specific
3 specialty in internet-related addiction issues.

4 Q. Have you held any academic appointments in the years since
5 your residency?

6 A. I have. I mean I have had numerous academic appointments,
7 but the longest one I had was as assistant clinical professor
8 of psychiatry at the University of Connecticut School of
9 Medicine.

10 Q. What were you teaching at the University of Connecticut
11 School of Medicine?

12 A. Different things throughout the years. Initially, medical
13 status examination to the med students and some of the
14 residents. The latter part I taught behavioral addiction
15 medicine, internet addiction, sexual medicine courses, and I
16 supervised the psychiatry residents in their clinical care of
17 their patients.

18 Q. What did that entail, the supervision?

19 A. Meeting with them once a week in my office. They would
20 rotate through my office, and we would discuss their cases.

21 Q. Would you advise them on best practices in working with
22 patients and conducting research?

23 A. Yes, I would.

24 Q. How many years were you at the University of Connecticut
25 School of Medicine?

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1 A. 20 years.

2 Q. And what did you teach in some of your other academic
3 appointments prior to the University of Connecticut?

4 A. More general courses. I would say the internet addiction
5 courses were more at the University of Connecticut. The other
6 universities that I taught at, they were just general courses.

7 Q. During your time in academia, were you also seeing patients
8 in your private practice?

9 A. Yes, I was.

10 Q. Do you hold any board certification, Dr. Greenfield?

11 A. I do. I have a board certification in clinical psychology
12 from the American Board of Professional Psychology. I have a
13 board certification as a master addiction counselor from
14 NAADAC, and I have additional training and certification in
15 psychopharmacology.

16 Q. Are you a member of any professional associations?

17 A. Yes, I am. I'm a member of a lot. American Psychological,
18 Connecticut Psychological and Sexual Medicine Society, the
19 American Society of Addiction Medicine. There's a bunch of
20 others. I don't remember all of them. National Register of
21 Health Service Providers, and a few others.

22 Q. Are your board certifications and professional association
23 memberships outlined on your CV?

24 A. Yes, they are.

25 Q. Have you served on any boards or committees?

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1 A. Yes, I've served on a number of boards. The most recent
2 board I'm serving on is the CATSO board, which stands for
3 Connecticut Association for Treatment of Sex Offenders. So
4 that is an organization that deals with people who get into
5 trouble with regard to sexual behavior, much of which involves
6 the internet.

7 Q. What other sorts of boards or committees have you served
8 on?

9 A. I've served as the president of the Connecticut
10 Psychological Association. I've served as a representative for
11 the Joint Commission of accreditation of healthcare
12 organizations and hospitals, and I've served as a liaison to
13 various committees through the Connecticut State board.

14 Q. Thank you.

15 Have you served during your career as a reviewer or on the
16 editorial board of any journal or publication in your field?

17 A. Yeah, I'm on about ten editorial boards, which basically
18 means that you review articles when they send them to you and
19 comment on articles if they ask your opinion.

20 Q. Have you yourself been published in such journals,
21 peer-reviewed journals?

22 A. Yes, I have.

23 Q. And you may have been starting to describe this, but what
24 is the peer review process?

25 A. Well, just what it sounds like. You know, they will send

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1 an article to one, two, or three doctors, who will review the
2 article for its research methodology and thoroughness and
3 writing style, and then they will critique that article and
4 then give it a thumbs up or thumbs down for publication, or a
5 publication with revision. So sometimes you'll make
6 recommendations: if you correct this, then we would consider
7 publishing it.

8 Q. Will peer-reviewed academic journals publish any submission
9 they receive?

10 A. No. That's the nature of -- peer-reviewed journals tend to
11 be harder to publish in because they are critical and they have
12 higher standards.

13 Q. Approximately how many peer-reviewed journal articles have
14 you written?

15 A. About ten.

16 Q. Are any of these on the topic of internet use and behavior?

17 A. Yeah, most of them are.

18 Q. Have you also contributed to chapters to academic books?

19 A. Yes, I have.

20 Q. In these instances, did you volunteer to contribute
21 chapters, or were you solicited to do so?

22 A. No. In all -- in most of my writing, even the journal
23 articles, I was requested or asked to publish the chapter or
24 the article.

25 Q. Why was that, if you know?

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1 A. Because I'm recognized as a leading expert in the field.

2 Q. Did your book chapters that you contributed include
3 chapters on internet use and behavior?

4 A. Yes, they have.

5 Q. Have you yourself published books?

6 A. Yes, I have.

7 Q. How many?

8 A. Two, to date.

9 Q. And what was the subject matter of those books?

10 A. Internet use, internet behavior, and internet addiction.

11 Q. And what was the first book title that you published?

12 A. Virtual Addiction.

13 Q. And when was that published?

14 A. 1999, by New Harbinger.

15 Q. And the second?

16 A. Overcoming Internet Addiction, published by Wiley.

17 Q. Did you approach Wiley to write that book?

18 A. No. They approached me.

19 Q. And these two books, are these academic titles or popular
20 titles?

21 A. No. These are books written for the layman. Although
22 there's technical data in the books, it's really written to
23 help people and as a resource.

24 Q. Have you been published in other forums besides these
25 peer-reviewed journals, books, and book chapters?

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1 A. Yeah, I've been published in non-peer-reviewed settings as
2 well, and I've also done about 150 professional presentations,
3 some of which -- many of which are invited. In fact, most of
4 them are invited.

5 Q. Going back to your non-peer-reviewed writing, did that
6 writing include writing on internet use and behavior?

7 A. Yes, it did.

8 Q. And your presentations, you mentioned peer-reviewed
9 presentations. What does it mean for a --

10 A. Well, peer-reviewed presentation means that they've invited
11 you because of a specific area of expertise. Like, the
12 American Society of Child and Adolescent Psychology invited me
13 to speak at one of their conferences, so that's -- they'll ask
14 you to speak because of your expertise.

15 Q. About how many peer-reviewed presentations have you given
16 during your career?

17 A. You know, 10 or 15. I don't really remember exactly,
18 but --

19 Q. Did those presentations include the subject matter of
20 internet use and behavior?

21 A. Yes, most of them.

22 Q. And have you been invited to deliver other oral
23 presentations, other than these peer-reviewed academic
24 presentations?

25 A. Yeah, about 150. I'm still invited pretty regularly to do

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1 things.

2 Q. On the topic of internet use and behavior?

3 A. Yes, that's correct. The vast majority of my presentations
4 are on that subject.

5 Q. Have you appeared or been quoted in the popular media as
6 well?

7 A. Yes, I've been quoted quite a bit. I don't really - I mean
8 hundreds of times, but I don't know how many exactly.

9 Q. On what subject matter?

10 A. Mainly on the issue of internet behavior, internet overuse,
11 internet addiction, sexual issues on the internet, video
12 gaming, chatrooming. Anything that has to do with internet
13 behavior.

14 Q. What kind of outlets?

15 A. You're talking about -- I'm sorry.

16 Q. What kind of popular media outlets have you been quoted in
17 or --

18 A. Pretty much every major newspaper and magazine in the
19 country, most of the major talk shows, The New York Times. I
20 mean pretty -- there's pretty much nothing that's, that I
21 haven't been quoted in in some way or, you know, form.

22 Q. Have you testified in court before?

23 A. I have.

24 Q. Have you testified in this courthouse before?

25 A. It -- it sounds like I have. I know I have, but I don't

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1 remember. I don't remember the courthouse, because it's been
2 so long.

3 Q. Did you testify in the case of *United States v. D'Amelio* in
4 the Southern District of New York?

5 A. Yes, I did.

6 Q. Have you ever been precluded as an expert?

7 A. No, I have not.

8 Q. How long have you maintained your private clinical
9 practice?

10 A. Since about 1986, so it's 35, 36 years. 37 -- it's a long
11 time.

12 Q. You started to discuss this a few minutes ago, but do you
13 have a general psychological clinical practice, specialized
14 practice or both?

15 A. Both.

16 Q. Could you tell us more about that?

17 A. Well, you know, I actually have two websites. One
18 website's sort of geared toward the general psychiatric
19 community, and I will deal with a variety of issues, like
20 depression and anxiety and relationships and sometimes sexual
21 issues, often sexual issues. And then I have a specialty area,
22 which is internet behavior, internet addiction, and about 70
23 percent of my cases and people that come to see me are for
24 internet-related issues. About 30 percent are general
25 psychiatric issues.

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Greenfield - Direct

1 Q. Where are your private practices located?

2 A. The main office is in west Hartford, Connecticut, but I do
3 do some telemedicine from other locations as well.

4 Q. Do you ask your general psychological patients about the
5 internet as well?

6 A. Yeah. When you do a workup with a new patient, you ask
7 them about all the things that might be contributing to their
8 issues, and that would include substance use, internet use,
9 gambling, other behavioral addictions, relationship issues;
10 their medical history, of course, as well.

11 Q. I don't expect you to have an exact number, but about how
12 many patients, if you had to estimate, have you seen since
13 1986?

14 A. Oh, my God. It could be as high as 20,000. Somewhere
15 between 10- and 20,000.

16 Q. Would that include patients in your residency and
17 internship?

18 A. Yeah.

19 Q. Focusing a little bit more specifically on your specialty
20 in internet use and behavior, you have testified about your
21 clinical work before. Earlier today you testified about your
22 clinical work. When did that become your primary area of
23 focus?

24 A. It started to become the primary area of my focus I would
25 say in the mid-'90s as people started to come in to my practice

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Greenfield - Direct

1 complaining of issues related to the internet. I didn't start
2 out or set out to become an expert in internet addiction. It
3 just sort of evolved over time, and that's what partially led
4 to my doing research and writing about it, and then once you
5 sort of become expected to be an expert, you then have to
6 become an expert.

7 Q. Did the internet exist in a form that was available to your
8 average American when you began practicing as a --

9 A. No, not really. No. I finished most of my medical
10 training without the internet.

11 Q. When did the internet come into mainstream use in the
12 average American household?

13 A. Early '90s.

14 Q. What was the focus of your research prior to that?

15 A. Well, I did research on marital satisfaction. I would say
16 that that was the majority of my research early on. I did some
17 other studies on training, clinical training and methodology
18 for clinical training.

19 Q. Did you have any focus on addiction prior to --

20 A. Yeah. I mean my subspecialty was always addiction
medicine, so that has always been a big part of my practice and
21 what I got one of my board certifications in.

22 Q. When did your patients in your general practice start
23 talking to you about the internet and start bringing up the
24 internet in sessions?

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1 A. In, I would say early to mid-1990s is when they started to
2 show up and getting themselves into all different issues and
3 circumstances that were -- involving the internet. This was
4 when the internet was pretty new.

5 Q. Did those conversations inspire you to found your clinical
6 practice that --

7 A. Yeah. At that time I founded the Center for Internet
8 Studies, which was basically a research, training, and
9 treatment center for issues related to the internet.

10 Q. Around what year did you form the Center for --

11 A. Mid 1990s, '95, '96. It's morphed since then.

12 Q. Were your patients in your general practice reporting any
13 behavioral dynamics that seemed particular to the online forum?

14 A. Very much so.

15 Q. So is it fair to say that you've practiced as a
16 psychologist for almost 40 years; more than 20 of them with a
17 the focus on internet use and behavior?

18 A. Very much, yeah. Over -- probably close to 25 years.

19 Q. And over the last 25 years --

20 A. Let's not push 40 years. That sounds horrible.

21 Q. OK. 36.

22 A. OK. That's better.

23 Q. Over the last 25 or so years, since developing your
24 specialty, around what percentage of your writing and public
25 presentations have focused on the topic of internet use and

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1 behavior?

2 A. Oh, I would say 90-plus percent. I mean that's pretty much
3 at this point all I -- all I am -- all I speak about and write
4 about.

5 Q. Many of those writings and presentations have an emphasis
6 on internet abuse and addiction. Are you only an expert on
7 internet overuse?

8 A. Well, you have to be an expert on internet behavior in
9 order to understand internet abuse just like in addiction
10 medicine and substance-based addictions, you have to understand
11 the substance in order to understand the abuse potential of
12 that substance, which would include the etiology, the behavior,
13 the pharmacology, the neurobiology. So I would say I'm an
14 expert in internet behavior and then the abuse within that
15 behavior, potential abuse, because not everybody abuses it.

16 Q. People just use it?

17 A. Many people use it. Most people overuse it.

18 Q. Are there commonalities of experience between your typical
19 internet user and those who are overusing it?

20 A. Yes. It's a matter of degree.

21 Q. Focusing in on this idea of addiction, have you specialized
22 in addiction psychology throughout your career?

23 A. Yes.

24 Q. And have you ever taught addiction psychology and
25 psychiatry?

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Greenfield - Direct

1 A. Yes.

2 Q. Are there concepts from general addiction science that are
3 useful to this understanding of internet use and behavior more
4 generally?

5 A. Yeah, the basic principles and etiology and neurobiology of
6 addiction are relevant to all substances and behaviors that
7 have abuse potential. In fact, the American Society of
8 Addiction Medicine, which I'm a member of, talks about
9 addictive substances and behaviors, and they all have the same
10 underlying neurobiology.

11 Q. What is addiction?

12 A. It's the overuse of a substance or a behavior to a point
13 where there is deleterious impact and a change in emotion,
14 cognition, judgment, motivation, and can in some cases lead to
15 physical and psychological damage.

16 Q. How do you determine when a person is addicted to a
17 substance or behavior?

18 A. Well, that's a -- that's an interesting question. I mean,
19 ultimately, it's by the end-state impact on their lives. There
20 are -- people have a misconception that addiction has to do
21 with physiological tolerance and withdrawal, but that's not
22 actually accurate, because that's only one aspect of addiction.
23 Addiction is a far more complex phenomena that involves
24 behavior, memory, learning, patterns of motivation, and that's
25 really what creates the negative impact in people's lives.

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Greenfield - Direct

1 Q. Is there any kind of clear biological marker or indicator
2 for --

3 A. There's really no -- there's no lab test or biological
4 marker for addiction. Most of the time you note addiction
5 based on lifestyle impact.

6 Q. So can you bring someone into a lab and get a clear
7 yes-or-no test whether they're a cocaine addict?

8 A. No. The only -- you can do a lab test, you know, a drug
9 detox, a drug-tox test that tells you whether there's cocaine
10 in their system, but you cannot tell whether they're a cocaine
11 addict.

12 Q. Is the same true of a gambling addict or a sex addict?

13 A. Correct. Behavioral addictions and substance addictions
14 are essentially the same thing from a neurobiological level.

15 Q. What part of the brain is implicated by addiction?

16 A. Well, it involves the whole brain, but the largest section
17 of the brain that's involved is the limbic system, particularly
18 structures like the striatum, the hippocampus, the amygdala,
19 some aspects of the prefrontal cortex, the nucleus accumbens.
20 These are the main structures that you see involved in reward
21 circuitry. And reward circuitry has everything to do with
22 motivation and the likelihood of repeating behaviors
23 irrespective of negative impact.

24 Q. Can you flesh that out a little bit more and perhaps
25 describe the evolutionary basis for this is understanding --

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Greenfield - Direct

1 A. Yeah, it's pretty interesting that, you know, the main
2 neurochemical involved in reward and addiction is dopamine, and
3 we evolved dopamine for really two basic reasons. It's to
4 enhance the likelihood that we would experience pleasure from
5 food and from procreation, which is one of the ways that
6 we're -- we, and when I say we, I'm including animals, because
7 animals have the same system that we do -- that you're likely
8 to survive. So in a sense, the basic neurobiological system
9 that's involved in addiction's really been hijacked by the
10 substance or behavior that we now overuse to a point where it
11 hurts us. So it piggybacks on those original survival neuro
12 pathways that are dopaminergic or dopamine-based.

13 Q. And at a basic level --

14 A. Well, dopamine's a pleasure neurotransmitter. I'm sorry.
15 It -- we wouldn't get out of bed without it.

16 Q. Well, what does it do to our brains?

17 A. Makes us feel good. I mean in small ways and in large
18 ways, and it has everything to do with reward and everything to
19 do with the anticipation of reward.

20 Q. This description you just gave us about evolutionary
21 biology, is this generally accepted in the scientific
22 community, or did you just make that up?

23 A. No. This is generally accepted in -- I wish I had made it
24 up, but --

25 Q. And has the effect of dopamine on human behavior been

M6mWmeli2

Greenfield - Direct

1 studied or proven in a scientifically reliable manner?

2 A. Yes, very much so.

3 Q. How so?

4 A. And we can look -- we can measure dopamine, not directly
5 with an assay, but we can measure it through imaging studies.
6 We can see areas of brain that are lit up which are affected by
7 dopamine. So in internet studies and gambling studies and
8 substance-based studies, you can see areas of the brain that
9 light up dopaminergically in scan studies.

10 Q. Have those studies been done with the brain, dopamine, and
11 internet use?

12 A. Very much so, yes.

13 Q. Can you tell us how those studies work?

14 A. Yeah. I mean, basically, there have been numerous studies,
15 dozens. There have been meta-analytic studies, which a
16 meta-analytic study is just basically a study that looks at a
17 bunch of studies all together and then sees if there's a
18 pattern between those studies and evaluates the methodology of
19 those studies. And essentially those, the most well-known
20 meta-analytic study found that internet behavior from a
21 neurobiological level, the scan studies look just like other
22 addictions. In fact, you can't tell the difference.

23 Q. What does it look like?

24 A. It just lights up those circuits that are involved,
25 particularly the nucleus accumbens, which is just a tiny little

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Greenfield - Direct

1 thing in the limbic system, essentially in the midbrain.

2 Q. In layman's terms, the use of the internet is lighting up
3 the nucleus accumbens --

4 A. Yeah. When I say lighting up, there's no lightbulb in your
5 brain, but it's activating those neurons in that area.

6 Q. And this imaging can show the effect --

7 A. Correct.

8 Q. So this imaging shows the effect of dopamine on the nucleus
9 accumbens and on the limbic system generally?

10 A. Yes, it does.

11 Q. Are these understandings of dopamine in the limbic system
12 generally accepted in the field of psychology and psychiatry?

13 A. Yes.

14 THE COURT: I'm sorry. Can you ask that question not
15 in the aggregate. You asked psychology and psychiatry.

16 Dr. Greenfield is a clinical psychologist. Can you focus your
17 question, please.

18 MS. WERNER: Yes, your Honor.

19 Q. This understanding of how dopamine affects the brain and
20 specifically the nucleus accumbens, is this generally accepted
21 in the field of clinical psychology?

22 A. Yes.

23 Q. Is it also accepted in the field of psychiatry, where you
24 have practiced and taught for many years?

25 A. Yes.

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Greenfield - Direct

1 THE COURT: I'm sorry.

2 Dr. Greenfield, you said you practiced in psychiatry.

3 THE WITNESS: Well, most of my work has been in
4 psychiatric facilities.

5 THE COURT: As a psychiatrist?

6 THE WITNESS: No.

7 THE COURT: Thank you.

8 Go on.

9 BY MS. WERNER:

10 Q. Do only internet addicts experience the sensation of
11 pleasure or reward when dopamine hits their brain?

12 A. No. Everybody does.

13 Q. So if a person who has never tried cocaine uses cocaine,
14 will it affect their brain, the dopamine-recepting parts of
15 their brain?

16 A. Very much so.

17 Q. Is the same true for a person who uses a slot machine at a
18 casino?

19 A. Yes.

20 Q. And is the same true for a person who uses the internet?

21 A. Yes.

22 Q. Is there a specific test or threshold for determining when
23 an internet user is addicted or using in a compulsive manner?

24 A. Yeah, there are. There are a number of tests, some of
25 which I developed and a number of other psychologists and

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1 psychiatrists have developed them as well. There are some that
2 are well standardized and considered the gold standard for
3 evaluating whether somebody meets the criteria for internet
4 addiction. But often, that's not the sole way you would
5 evaluate whether a person has an addiction or not. There has
6 to be a clinical evaluation of the patient to determine whether
7 there are behavioral correlates in their life that meet those
8 criteria.

9 Q. What sort of behavioral correlates do you look for?

10 A. Well, mainly changes in their major spheres of living,
11 which would include social relationships, work, academic
12 performance, physical health, motivation, self-care, academic
13 pursuits. I think I said relationships, but if I didn't that
14 would be very much included.

15 Q. Are there people who use the internet but are not
16 necessarily -- withdrawn.

17 Are people who use the internet but don't overuse it
18 immune to the effects of dopamine in the nucleus accumbens and
19 the brain more generally?

20 A. Could you repeat that question, please?

21 Q. Yes. Let me rephrase it.

22 When someone uses the internet and they're not
23 necessarily an internet addict, are they experiencing this
24 dopaminergic effect in their brain that you have described?

25 A. I would believe so, yes.

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Greenfield - Direct

1 Q. Does the dopaminergic --

2 THE COURT: Sorry.

3 What's the basis for that belief?

4 THE WITNESS: Because it's a pleasure experience, and
5 we know that dopamine's elevated from pleasure experiences, and
6 that the scan studies show that people elevate when they're
7 using the internet.

8 THE COURT: Thank you.

9 BY MS. WERNER:

10 Q. Does the internet's dopaminergic effect, based on your
11 research and practice, seem to influence individual behavior on
12 the internet?

13 A. Could you repeat that? I'm --

14 Q. Does the internet's dopaminergic effect, the way that the
15 internet triggers dopamine --

16 A. Yeah.

17 Q. -- and sends dopamine to the human brain, seem to impact
18 human behavior?

19 A. Yes.

20 Q. Is this true for internet addicts only or users more
21 generally?

22 A. No. I think it's true for anyone that uses the internet.

23 It's, again, a matter of degree, just like any intoxicating
24 behavior or intoxicating substance would be a matter of degree.
25 About 90 percent of people that engage in intoxicating

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Greenfield - Direct

1 behaviors or substances don't develop an addiction, but some
2 do.

3 Q. And those people who don't develop an addiction, are there
4 changes that occur in their brains regardless?

5 A. Very much so, but they don't seem to catalyze to the next
6 level, you know, where they don't have control over it.

7 THE COURT: I'm sorry. I didn't hear your percentage.
8 What percentage of people?

9 THE WITNESS: About 90 percent.

10 THE COURT: Thank you.

11 90 percent experience that without becoming addicts?

12 THE WITNESS: Correct.

13 THE COURT: Thank you.

14 Go on.

15 BY MS. WERNER:

16 Q. Is internet addiction in the DSM?

17 A. The -- an aspect of internet addiction is in the DSM as a
18 provisional diagnosis. The DSM-5 came out quite a while ago.
19 It's not been revised. The diagnostic manual that's really
20 used now in medical diagnosis is the International
Classification of Diseases, or the ICD, and the new ICD-11 has
22 internet addiction diagnoses specified in their nomenclature
23 that have just dropped now into the medical diagnostic systems.
24 But the original DSM-5, it's still listed as a provisional.

25 Q. Can you describe --

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Greenfield - Direct

1 A. Particularly video game addiction.

2 Q. What is the DSM?

3 A. Diagnostic and Statistical Manual that has to do with
4 all -- there's about 450 diagnoses of a psychiatric nature, of
5 things that can go wrong with you.

6 Q. Do you know when the latest version of the DSM was
7 finalized?

8 A. You know, it's got to be close to 15 years old now.

9 Q. Why is there not an inclusion of internet addiction
10 specifically as opposed to internet gaming or something else in
11 the DSM?

12 A. Well, I think that there is some lack of clarity about what
13 the labeling is going to be. There are different terms that
14 people use for defining internet addiction, and sometimes it
15 has to do with the type of content that people overuse or
16 abuse. And so the latest thinking in the field is that
17 there'll probably be a diagnosis of internet addictions with
18 subcategories of specific content areas that people have issues
19 with. And that seems to be where the field is heading right
20 now.

21 Q. What type of content?

22 A. Well, that would include video gaming, chatting, social
23 media, pornography, gambling.

24 Q. Is there debate in the field about the fact that internet
25 addiction and overuse are a phenomenon that people are seeing

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Greenfield - Direct

1 in this field of psychology --

2 A. I don't think anymore. I mean I think at this point it's
3 pretty well accepted that internet addiction is a thing. So
4 no, I don't think there's --

5 Q. Is there controversy about the fact that heavy internet
6 users demonstrate some common behaviors?

7 A. Could you repeat that, please?

8 Q. Is there debate about the fact that internet overusers or
9 internet addicts have some common behavioral impacts?

10 A. I think that's accepted.

11 Q. I'd like to turn to your specific research methodology and
12 practice. You described how in your early years of clinical
13 practice you saw an emerging pattern of behavior regarding the
14 internet?

15 A. Yes.

16 Q. In those early days of the internet's popular use, did you
17 develop any hypotheses about how the internet as a platform was
18 affecting individual behavior?

19 A. Yes. I had early hunches, but I didn't have the data or
20 the research during what I call the Wild West days. This is
21 when the internet was hot and new, and nobody knew what was
22 going on or why people were getting into trouble or doing
23 things online. So I had theories but no -- and there wasn't a
24 lot published back then either. In fact, my first book was the
25 second book on the subject in the world at that time, and that

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1 was just in 1999.

2 Q. What were your theories and hypotheses based on?

3 A. Well, initially, they were based on my clinical hunches
4 from the patients that were coming in, and then it was later
5 based on some of the data I collected for my own research.

6 Q. Did you develop a hypothesis about perceived anonymity?

7 A. Yes.

8 Q. What do you mean by perceived anonymity?

9 A. Well, basically that people perceive the internet as an
10 anonymous form of communication, even though it really is the
11 least anonymous form of communication. They act as if there's
12 no one watching, and it feels anonymous to them. So I call it
13 perceived anonymity because of that distortion of perception.

14 Q. Did you develop a hypothesis about disinhibition?

15 A. Yes.

16 Q. What is disinhibition?

17 A. The loss of inhibition when they're communicating online.
18 They say and do things that they ordinarily would not do in
19 real life or in a real time.

20 Q. Did you have a hypothesis about how being more disinhibited
21 might impact one's willingness to lie or play roles on the
22 internet?

23 A. Yes.

24 Q. Did you have a hypothesis about accelerated intimacy?

25 A. Yes. That was one of the early phenomenons that I'd

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Greenfield - Direct

1 noticed in my practice, even before the research. People were
2 engaging in intimacy, either platonic or sexual, at a much more
3 rapid rate than they ordinarily would because of the
4 communication through the internet modality.

5 Q. Did you have a hypothesis about the loss of boundaries on
6 the internet?

7 A. Yes.

8 Q. What do you mean by loss of boundaries?

9 A. Well, there's no beginning, middle or end on the internet.

10 You know, every form of communication prior to the internet had
11 a built-in boundary to it. You know, every book, TV show,
12 movie, magazine, doesn't matter, there's a beginning, middle
13 and end. The internet has no beginning, middle and end. It's
14 endless, and part of the appeal of that endlessness is the
15 brain's capacity to try to want to -- to try to finish it or to
16 try to complete it. And that facilitates this sort of endless
17 boundariless experience that people engage in and one of the
18 reasons people stay online a long time.

19 Q. Relatedly, did you have a hypothesis about time distortion?

20 A. Yes, so that's related. One of the things we found early
21 on, both clinically and in the research, is that the vast
22 majority of us lose track of time and space when we're on a
23 screen, particularly on a screen that's connected to the
24 internet. We just can't seem to track time as well.

25 Q. What happens when they lose track of time?

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Greenfield - Direct

1 A. We spend more time on it than we are aware of, and we think
2 it's related partially to elevations of dopamine. For
3 instance, if you go to a movie, you experience disassociation
4 to some extent. So it's by and large a kind of pleasurable
5 experience, but it means that you're not conscious of the
6 passage of that time.

7 Q. Did you have a hypothesis about the frequency with which
8 people lie on the internet?

9 A. Yes.

10 Q. And the hypothesis about how often people role play or that
11 they do role play?

12 A. Yes.

13 Q. What do you mean by role playing?

14 A. Taking on an alter ego or an identity that is different
15 than the reality of your life. That could include personal
16 characteristics, occupational characteristics, personal
17 proclivities or powers, some of which can be completely
18 fantasy-based.

19 Q. In those early years, did you speak to patients in your
20 clinical practice about role play?

21 A. Yes.

22 Q. After developing these hypotheses, did you undertake any
23 research to investigate them?

24 A. Yes.

25 Q. Can you tell us about that?

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Greenfield - Direct

1 A. Yeah. Early on, I -- I saw a small study that came out
2 from a colleague that compared heavy internet users to gambling
3 addicts, and that prompted me to -- at that point there had not
4 been any large-scale studies looking at internet behavior. So
5 I approached ABC News to see if they would allow us to do a
6 survey on their platform to be able to gather data, and I spent
7 about six months with a statistician from the medical school
8 that I was connected to, designing a study that would evaluate
9 a variety of different behaviors and characteristics about
10 internet use. And once that was designed and set up -- and we
11 had spent a fair amount of time trying to get it right -- we
12 put it up on their servers. And in two weeks, we got probably
13 about 18,500 or so answers. We threw out about 1,500 because
14 of potential statistical issues, and we ended up with about
15 17,000-plus data points.

16 Q. What was the function of your partnership with ABC News?

17 A. Just to be able to access their ability to reach people.
18 In exchange for that, they were -- once the results were
19 tabulated, they had first crack at announcing them, before I
20 published the study.

21 Q. What did the study ask participants to do?

22 A. Basically to complete a survey. I mean there was about 35
23 questions, and then within those 35 questions there were
24 sub-questions.

25 Q. Were those questions specific to internet addiction, or

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Greenfield - Direct

1 were they generally about internet use?

2 A. They're about internet behavior, internet use.

3 Q. Is this survey methodology, self-reporting of this kind --

4 A. Yeah.

5 Q. -- is that generally accepted as a research method in the
6 field of --

7 A. It's one research method, yes.

8 Q. Is self-reporting in surveys commonly deployed as a
9 research method --

10 A. Yes, it is.

11 Q. -- in psychology?

12 Just wait until I finish the question if you don't mind --

13 A. Oh, I'm sorry.

14 Q. -- for the benefit of the court reporter.

15 A. Yes, I apologize.

16 Q. Is 17,000 a large sample size in psychological research or
17 behavioral science generally?

18 A. Yes, it is.

19 Q. What are the benefits of having such a large pool of
20 respondents?

21 A. Well, it enhances the heterogeneity of the sample, which
22 then enhances the ability to generalize to a larger population.
23 It also increases the statistical power that you would garner
24 from the -- from the results.

25 Q. When you say heterogeneity, what do you mean by that?

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Greenfield - Direct

1 A. Variability; in other words, that there's a wide range of
2 people, circumstances, education, demographics, income, age,
3 race, etc.

4 Q. Thank you.

5 Did the survey ask participants about perceived
6 anonymity?

7 THE COURT: I'm sorry. Mind if I just interrupt
8 briefly. I'm sorry.

9 Dr. Greenfield, did you collect demographic data
10 regarding the participants to know whether or not the pool was
11 actually --

12 THE WITNESS: I'm sorry. Could you repeat that?

13 THE COURT: Yes.

14 Did you collect information about the survey
15 respondents so that you could know whether or not the
16 respondents were indeed demographically disparate?

17 THE WITNESS: Yeah, that's -- part of the data
18 included the demographics, yes.

19 THE COURT: Thank you.

20 Please go on.

21 THE WITNESS: Yeah. Thank you.

22 And that's -- I -- and that's talked about in the
23 article.

24 THE COURT: Thank you.

25 BY MS. WERNER:

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Greenfield - Direct

1 Q. When you say the article, did you publish the findings of
2 your 1999 study in a peer-reviewed article as well as on ABC
3 News?

4 A. Yes.

5 Q. Where was that article published?

6 A. The Journal of Cyber Psychology and Behavior.

7 Q. And again, that's a peer-reviewed journal?

8 A. Yes, it is. The name of it has changed since, but it's
9 still in publication.

10 Q. Did your survey ask users about perceived anonymity?

11 A. Yes.

12 Q. What did it reveal?

13 A. That people experience the internet as, in an anonymous
14 way, you know, that they -- they perceive it anonymously.

15 Q. Was this true of all of the survey respondents?

16 A. No, no. A percentage. Probably in the 40-ish percentile.
17 And I could be wrong; I don't remember all the percentages.

18 THE COURT: I'm sorry.

19 40 percent perceived it as anonymous?

20 THE WITNESS: Yes.

21 THE COURT: Thank you.

22 THE WITNESS: Approximately.

23 BY MS. WERNER:

24 Q. Would it refresh your recollection about the percentage
25 that experienced perceived anonymity to look at the 1999 Cyber

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Greenfield - Direct

1 Psychology and Behavior article?

2 A. It would probably help, since I published it so long ago.

3 MS. WERNER: One moment, please.

4 I'm sorry. I'll move on from that.

5 THE WITNESS: OK.

6 BY MS. WERNER:

7 Q. Did the survey ask about the concept of accelerated
8 intimacy?

9 A. Yes.

10 Q. And what did it reveal about accelerated intimacy?

11 A. Again, that it's a -- it's a behavior that people endorse.
12 Again, not all the people endorse it, but a sizable percentage
13 endorsed it.

14 Q. Was that true of all survey respondents?

15 A. Well, no, because not everybody endorsed it. So a
16 percentage did.

17 Q. And was that more pronounced for internet addicts?

18 A. Yeah. So, one of the interesting things is that as people
19 move closer to being diagnosed or meeting the criteria of what
20 we called internet addiction -- now, again, that diagnosis was
21 not official back then. We were kind of extrapolating a
22 diagnosis based on an adaptation of the pathological gambling
23 criteria. So we modified it slightly in order to come up with
24 an accurate way of assessing what happens when you hit so many
25 things in your internet behavior that you might then qualify as

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Greenfield - Direct

1 an addict.

2 Q. And do you recall what percentage of respondents reported
3 experiencing accelerated intimacy?

4 A. I don't remember the exact percentage, no.

5 Q. Would it refresh your recollection to see a copy of your
6 1999 study?

7 A. It probably would.

8 MS. WERNER: Brief indulgence, your Honor. May I step
9 aside, please?

10 THE COURT: That's fine. Please take your time,
11 counsel.

12 MS. WERNER: May I approach the witness, your Honor?

13 THE COURT: You may.

14 MS. RAVENER: Your Honor, we would ask to see the
15 document.

16 THE COURT: Thank you.

17 Yes, if you have an extra copy for counsel for the
18 United States, I would ask that you provide it to them.

19 MS. WERNER: I apologize.

20 MS. RAVENER: Thank you.

21 OK.

22 BY MS. WERNER:

23 Q. Dr. Greenfield, do you recognize this document?

24 A. I do.

25 Q. Is this a copy of your 1999 study?

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Greenfield - Direct

1 A. It appears to be.

2 Q. I'd like to direct your attention to page 410 of this
3 study, which is marked 26.2 DG-4.

4 A. Yes, I see that. Oh, no. Four oh --

5 Q. 410.

6 A. 410. Hang on.

7 OK.

8 Q. I'd like to direct your attention to the right-hand column
9 on page 410.

10 A. Yes. You mean the right-hand paragraph?

11 Q. The right-hand paragraph.

12 A. Yes, I see it.

13 Q. Do you see there the section that says intense intimacy?

14 A. Yes.

15 Q. Would you mind reading that to yourself?

16 A. "Intense" --

17 Q. Just read quietly.

18 A. Oh, read it to myself. OK.

19 Q. Yes, please.

20 A. OK.

21 Q. Does that refresh your recollection about how many
22 respondents reported experiencing accelerated intimacy?

23 A. Yes.

24 Q. About what percentage was that?

25 A. 41 percent.

M6mWmel2

Greenfield - Direct

1 Q. And did that number go up for internet addicts?

2 A. Yes.

3 Q. What percentage of internet addicts experienced accelerated
4 intimacy?

5 A. It rose to 75 percent.

6 Q. Thank you. You can put that down for a moment.

7 A. OK.

8 Q. You may still need it.

9 A. I know.

10 Q. So don't put it too far.

11 A. OK.

12 Q. Dr. Greenfield, did your survey ask respondents about the
13 concept of disinhibition?

14 A. Yes.

15 Q. And what did it reveal about disinhibition broadly?

16 A. That people experience a sense of disinhibition when
17 communicating online.

18 Q. Was that all respondents?

19 A. No.

20 Q. Was it a notable percentage?

21 A. A notable percentage.

22 Q. Do you recall the percentage?

23 A. No.

24 Q. Would it refresh your recollection to look at the article?

25 A. Most definitely.

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Greenfield - Direct

1 Q. Go ahead. I'd like to direct your attention again to page
2 410, the right-hand column.

3 A. I lost it.

4 OK. Sorry.

5 Q. In the middle of that second paragraph on the right-hand
6 side --

7 A. Yes.

8 Q. -- if you could look at that to yourself.

9 A. Yes.

10 Q. How many or what percentage of survey respondents reported
11 experiencing disinhibition?

12 A. 43 percent.

13 Q. And did that go up for internet addicts?

14 A. Yes, it jumped to 80 percent.

15 Q. Thank you.

16 Did your survey ask users about a loss of boundaries?

17 A. Yes.

18 Q. What did it reveal?

19 A. That about 39 percent of people experience a loss of
20 boundaries when communicating online.

21 Q. And did your survey ask about time distortion?

22 A. Yes.

23 Q. And what did it reveal?

24 A. The majority admitted to losing track of time. It didn't
25 go into a percentage but that -- it just noted that it was a

M6mWmeli2

Greenfield - Direct

1 majority.

2 Q. Did your survey ask respondents about lying and role
3 playing?

4 You can put the document down.

5 A. Oh.

6 Q. Thank you.

7 A. Yeah, I think we did talk about lying and role playing.

8 Q. And did it reveal that people do lie online?

9 A. Yes.

10 Q. Do you know what sorts of things people admitted lying
11 about?

12 A. Well, typically they -- they admit to lying about personal
13 characteristics, which would include occupation, height,
14 weight, age, accomplishments, life circumstance, personal --
15 things that reflect them and who they are.

16 Q. Lies that go to a person's identity?

17 A. Correct, lies that go to a person's identity. Exactly.

18 Q. Did you make a conclusion in this study about what
19 percentage of respondents were suffering from an internet
20 compulsion or addiction?

21 A. Yes.

22 Q. About what percentage?

23 A. At the time we found about 5.9 percent, almost 6 percent.

24 Q. For each of the behavioral dynamics we discussed, were
25 those present for addicted respondents only or internet users

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Greenfield - Direct

1 who --

2 A. No. They -- sorry. They were present for all people, but
3 to a greater extent among the addicted people.

4 Q. It's been more than 20 years since this study. Are its
5 conclusions still relevant?

6 A. Yes, I believe so. It's still being cited.

7 Q. Why is this still relevant?

8 A. Well, it still stands as one of the largest studies done on
9 internet behavior. There have been many, many, many studies
10 done since, but it still has validity because of that initial
11 definition of what internet addiction is and the percentage of
12 people that experience it as well as the behavioral aspects of
13 what people experience when they're online.

14 Q. In the years since this '99 study, have you undertaken
15 additional research on the prevalence of internet use and
16 compulsive internet use?

17 A. Yes.

18 Q. Did that research touch on these same behavioral dynamics?

19 A. Yes.

20 Q. Including disinhibition?

21 A. Yes.

22 Q. Including accelerated intimacy?

23 A. Yes.

24 Q. Did your subsequent research touch on perceived anonymity?

25 A. Yes.

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Greenfield - Direct

1 Q. Loss of boundaries?

2 A. Yup.

3 Q. Time distortion?

4 A. Very much so.

5 Q. Did it discuss lying and role playing?

6 A. Yes.

7 Q. In the years since '99, have you also reviewed research on
8 similar topics by other scholars?

9 A. Yeah. Every time -- the answer is yes, I have.

10 Q. Have you stayed abreast of other research on --

11 A. Yeah. Every time you write a book or a book chapter or an
12 article, you really have to do a literature review to see
13 what's new and what's come out, because you have to cite that
14 literature in your introduction to justify what you're writing.

15 Q. Are there any other reasons why it's important to stay
16 abreast of research in your field?

17 A. Well, to make sure that what I'm talking about is valid and
18 credible and that I'm still on target.

19 Q. In the field of psychology, is it generally accepted to
20 inform one's own knowledge and understanding based on a
21 continued review of other academic literature?

22 A. Yes, and it's also mandated by the state boards to continue
23 your education as well.

24 Q. We spoke earlier about the lack of consensus about the
25 label of "internet addiction." Is there a lack of consensus,

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Greenfield - Direct

1 or is there dissent in the literature, I should say, about the
2 experience of disinhibition on the internet?

3 A. No. I think people -- there's a pretty good consensus that
4 people experience disinhibition when they're online.

5 Q. And have other scholars written on that topic?

6 THE COURT: I'm sorry. Can I just pause on that.

7 When you say people experience disinhibition, you mean
8 the percentage of people reflected in your study, not all
9 people?

10 THE WITNESS: Well, I can't speak about all people --

11 THE COURT: Thank you.

12 THE WITNESS: -- because I've not evaluated all
13 people, but --

14 THE COURT: Thank you.

15 What's your testimony then?

16 THE WITNESS: So my testimony would be the people that
17 I've researched and then the large number of patients that I've
18 seen in the 20 years in my clinical practice.

19 THE COURT: Thank you.

20 So people that have sought you out for treatment?

21 THE WITNESS: Correct.

22 THE COURT: Thank you.

23 Proceed.

24 BY MS. WERNER:

25 Q. Focusing in on other academic literature, have others

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Greenfield - Direct

1 written on the fact that a significant number of internet users
2 experience disinhibition?

3 A. Yes.

4 Q. Even if not all internet users?

5 A. I would believe that's correct, yes.

6 Q. And have other scholars explored the concept of lying and
7 role playing on the internet?

8 A. Yes.

9 Q. Have you reviewed research on the extent to which people
10 lie online?

11 A. Yes.

12 Q. Does that research include the extent to which people
13 assume others to be lying online?

14 A. I can't recall if the research specifically discussed the
15 number of people that assume other people are lying, but I
16 think it's well accepted in the literature that people lie
17 online.

18 Q. Are you familiar with a 2016 study from Indiana University
19 and Purdue University on this subject?

20 A. Yes.

21 Q. What was their takeaway? I don't need a specific number,
22 but what was their --

23 A. That it's pretty well established that people lie online.

24 Q. And --

25 A. Significantly.

M6mWmel2

Greenfield - Direct

1 Q. Did they have a takeaway or conclusion about how often
2 people assume others online to be lying?

3 A. I thought the number was around 50 percent, but I could be
4 wrong, so I don't want to misquote it.

5 Q. Would it refresh your recollection to see a synopsis of
6 that article?

7 A. Probably, yes.

8 MS. WERNER: May I approach the government table, your
9 Honor?

10 THE COURT: Thank you.

11 Yes, you may.

12 MS. WERNER: May I approach the witness?

13 THE COURT: You may.

14 Thank you.

15 MS. WERNER: Brief indulgence?

16 THE COURT: That's fine. Please take your time.

17 MS. WERNER: I apologize, your Honor. I showed the
18 government the wrong number. I'm showing the witness what's
19 been marked DG10, defense 26.2 DG-10.

20 THE COURT: Thank you.

21 BY MS. WERNER:

22 Q. Dr. Greenfield, do you recognize this document?

23 A. Yes.

24 Q. What is this?

25 A. Well, it's the study that was done by Indiana University,

M6mWmel2

Greenfield - Direct

1 also Purdue University, in Fort Wayne.

2 Q. Would it be fair to say that this is an email that you sent
3 me?

4 A. Yes, it's an email of some recent studies that corroborated
5 some of my original conclusions.

6 Q. OK. If you wouldn't mind looking at the synopsis.

7 A. Yup.

8 Yes.

9 Q. Does this refresh your recollection about how often
10 internet users expected other internet users to be honest or to
11 lie online?

12 A. Yes.

13 Q. How often is that in this study?

14 A. Well, this study found that only 2 percent of people expect
15 people to be honest online.

16 THE COURT: Can you say the percentage again,
17 Dr. Greenfield?

18 I'm sorry.

19 THE WITNESS: 2 percent.

20 THE COURT: Thank you.

21 A. And 16 to 32 percent reported self-honesty. In other
22 words, when reflecting their own level of honesty, only 16 to
23 32 percent felt that they were being honest.

24 Q. Thank you.

25 Did this 2016 study from Indiana University draw any

M6mWmel2

Greenfield - Direct

1 conclusions about what is a solid predictor of one's lying
2 behavior online?

3 A. The prediction -- the evaluation and expectation of how
4 other people were -- whether other people were lying or not
5 often predicted whether people viewed themselves as lying. In
6 other words, the way they saw other people reflected on how
7 they saw themselves in terms of their lying.

8 Q. Thank you.

9 Are you familiar with a 2011 study published in the
10 Journal of Applied Social Psychology on the topic of lying
11 online?

12 A. Yes.

13 Q. And what did that study conclude with regard to whether it
14 is normative to distort reality online?

15 A. That it -- the study concluded that it is normative to use
16 deception in the communication on computers and the internet.

17 Q. Are these the only studies you have read about role playing
18 and lying since 1999?

19 A. No. I've read dozens, if not hundreds, of studies.

20 Q. And these other studies, do they reach similar conclusions
21 about the prevalence of lying and role playing online?

22 A. Yes.

23 Q. I'd like to turn from your review of other scholars'
24 research to your own clinical practice.

25 A. OK.

M6mWmeli2

Greenfield - Direct

1 Q. You testified you've maintained a clinical practice for
2 nearly 40 years and an internet-focused clinic for more than
3 20. How many patients have you seen in your clinic as opposed
4 to in your residency and internship?

5 A. I mean it -- probably well over 10,000, conservatively.

6 Q. In the field of psychology, is it generally accepted to
7 inform one's own understanding of psychological behavior and
8 dynamics using one's own clinical interactions?

9 A. Yes, it's one method of informing your understanding of
10 human behavior.

11 Q. Is it generally accepted to develop theories of human
12 behavior based on clinical interactions over time?

13 A. Yes.

14 Q. Is that a practice that's been employed by well-known
15 psychologists throughout the existence of --

16 A. Well, I think the most well-known psychologist was Freud.
17 He based all his original research on case studies.

18 Q. Are all of your patients internet addicts?

19 A. No.

20 Q. Have you discussed role playing with your patients in your
21 own clinical practice?

22 A. Yes.

23 Q. Have you discussed lying?

24 A. Yes.

25 Q. What do people report lying about, generally?

M6mWmel2

Greenfield - Direct

1 A. Again, personal characteristics that speak to the person's
2 identity or circumstances.

3 Q. These lies about identity, how does that relate to the
4 concept of role playing?

5 A. Well, when you lie about your identity, you're essentially
6 take -- you're essentially role playing. You're essentially
7 taking on the role of another entity.

8 Q. What is your sense from your clinical patients of why
9 people do that?

10 A. That's a great question. I mean I think people do it
11 because -- I mean without sounding glib, they do it because
12 they can. On the internet, there's really no check and balance
13 to determine -- there's no threshold to cross. You're not
14 looking at someone in the, you know, eye to eye, and there's no
15 way to validate whether something is true or not. You can be
16 anything you want, say anything you want, and nobody really
17 knows the difference, except that there is the potential to
18 verify it later if you actually come in contact with that
19 person. But many times, these relationships remain only
20 online.

21 Q. Have you discussed the concept of disinhibition in your
22 clinical practice with patients?

23 A. Yes.

24 Q. And have you discussed the concept of loss of boundaries
25 with your patients?

M6mWmel2

Greenfield - Direct

1 A. Yes.

2 Q. Have you discussed the concept of time distortion with your
3 own patients?

4 A. Very much so, yes.

5 Q. Have you discussed the concept of perceived anonymity?

6 A. Yes.

7 Q. Have you discussed chatrooms with your patients?

8 A. Yes.

9 Q. And have you, in fact, had patients who spend time in
10 chatrooms?

11 A. Oh, yes.

12 Q. Have you then discussed the reasons why people participate
13 in chatrooms?

14 A. Yes.

15 Q. Have you discussed the expression of fantasy in online
16 spaces?

17 A. Yes.

18 Q. Is that limited to sexual fantasy or also nonsexual
19 fantasy?

20 A. No, it's not limited to sexual fantasy. I would say sexual
21 fantasy's the majority, but it's fantasy involving themes of
22 occupational accomplishment, educational accomplishment, life
23 circumstance accomplishment; status in life, so to speak.

24 Q. In your clinical practice, have you discussed the idea of
25 broadcast intoxication?

M6mWmel2

Greenfield - Direct

1 A. Yes.

2 Q. What is that?

3 A. Well, that's a term that I coined. It really refers to the
4 dopaminergic elevation from the act of communicating about
5 oneself through the internet modality. It's one of the reasons
6 why social media is so powerful and so desirable. The act of
7 broadcasting makes people feel good, and they experience
8 pleasure from it.

9 Q. Can you flesh that out a bit more; broadcasting how?

10 A. Oh, by communicating through the internet. They are
11 posting, whether it be in a chatroom or social media outlet or
12 in other formats.

13 Q. Thank you.

14 Have you discussed the idea of how potent content
15 impacts one's feeling of excitement or pleasure online?

16 A. Yes.

17 Q. What is -- what do you mean when you talk about potency of
18 content?

19 A. Well, the way I view it is that the content is the drug,
20 the digital drug, so to speak, and the internet is the
21 hypodermic, the delivery mechanism of that content. There is
22 an interaction between the delivery mechanism -- the
23 internet -- and the actual intensity of that context --
24 content. I'm sorry.

25 So that's why pornography, for instance, is so readily

M6mWmel2

Greenfield - Direct

1 consumed on the internet. One-third of all internet searches
2 are for pornography, which is enormous, and it's because that
3 content has potency, and when combined with the internet
4 delivery mechanism, there is a synergistic amplification of the
5 potency of that content, the power of that content.

6 Q. So in other words, your hypothesis is that people have a
7 stronger dopamine effect with --

8 A. Correct.

9 Q. -- with potent content?

10 A. Correct.

11 Q. Have your clinical sessions over the last 20 to 25 years
12 validated your conclusions from your 1999 study?

13 A. Yes.

14 Q. In what sense?

15 A. Well, I see it every day. I mean I don't -- I don't -- I
16 don't ask every patient the 35 questions that were in the
17 original research, but the circumstances that bring them to me
18 generally involve some aspect of the stuff that we looked at in
19 that original research. So the answer is yes.

20 Q. Dr. Greenfield, based on your individual research, research
21 by other academics and practitioners in your field, and your 20
22 to 25 years of clinical practice with a focus on the internet,
23 have you developed certain conclusions about how individual
24 behavior and psychology are impacted by the internet?

25 A. Yes, I have.

M6mWmeli2

Greenfield - Direct

1 Q. What do you conclude about the concept of accelerated
2 intimacy?

3 A. That when people communicate via internet modality, that
4 they experience intimacy in an accelerated fashion.

5 THE COURT: I'm sorry. Can I just be clear about
6 this.

7 When you say people, are you opining that all people
8 experience this, Dr. Greenfield?

9 THE WITNESS: Well, the purpose of doing research is
10 to theoretically extrapolate from a sample to a population. So
11 I would say yes, that I do think that the average person
12 experiences that.

13 Now, I've not examined or tested every person in the
14 world, so I can't say literally, but the purpose of doing
15 research -- that's the whole basis of research, is to
16 extrapolate from a sample to a population.

17 THE COURT: Thank you.

18 So just to be clear, is it your opinion,
19 Dr. Greenfield, that 100 percent of internet users experience
20 accelerated intimacy?

21 THE WITNESS: Well, I don't think that would probably
22 be accurate.

23 THE COURT: Thank you.

24 What is your opinion then?

25 THE WITNESS: My opinion is that the vast majority of

M6mWmel2

Greenfield - Direct

1 people that use the internet experience it.

2 THE COURT: Thank you.

3 What's the basis for that? Where do you get the data
4 that supports the statement that the "vast majority" of
5 internet users experience that?

6 THE WITNESS: Sorry.

7 The basis of that would be my research and my clinical
8 practice.

9 THE COURT: Thank you.

10 So the research meaning the 1999 study --

11 THE WITNESS: Correct.

12 THE COURT: -- and your experience as a clinical
13 psychologist, is that right?

14 THE WITNESS: That is correct.

15 THE COURT: Thank you.

16 Please go on.

17 BY MS. WERNER:

18 Q. I'd like to go back and continue on that thread for a
19 moment. Your 1999 study did not conclude that 100 percent of
20 internet users experienced accelerated intimacy, did it?

21 A. No, it did not.

22 Q. It was significantly less?

23 A. Yeah, like a large percentage.

24 Q. And so just to clarify that point, would you testify that
25 100 percent of people --

M6mWmeli2

Greenfield - Direct

1 A. No, I would not.

2 Q. OK.

3 Similarly, what do you conclude about perceived anonymity?

4 A. That a sizable percentage experience it. I don't remember
5 the number, but 40, 50 percent, something.

6 Q. And what do you conclude about the phenomenon of
7 disinhibition on the internet?

8 A. That a sizeable percentage experience it. I don't remember
9 the percentage, but --

10 Q. Well, would you testify that those percentages are set in
11 stone, the percentages you found in 1999?

12 A. Would I say that they're set in stone?

13 Q. Well, I can back up and --

14 A. Yeah, I just don't want to say anything that's inaccurate.

15 Q. So, in 1999, you conducted this study of 17,000 people --

16 A. Yes.

17 Q. -- and found some percentages about how often internet
18 users and abusers experienced certain behavioral dynamics on
19 the internet. Is that accurate?

20 A. That is accurate, yes.

21 Q. Now, it's been 23 years since 1999, right?

22 A. Yes.

23 Q. And during that time, you have conducted research and
24 writing, correct?

25 A. Yes, I have.

M6mWmeli2

Greenfield - Direct

1 Q. And have you also seen many patients with whom you've
2 discussed these same phenomena?

3 A. Yes, that's true.

4 Q. So would you imagine that those percentages from 1999, that
5 you found in your 1999 survey, if you were to conduct it again
6 today, would you find the exact same percentage?

7 A. Well, of course, you don't know unless you do it. I would
8 expect the percentage to be actually higher, but that's a
9 hypothesis, and it's based on my clinical work and the fact
10 that the internet is so much more accessible and readily
11 available and that we now have untethered, portablized access,
12 which has only increased the phenomenon significantly.

13 Remember, when I did this research, the smartphone didn't
14 exist and now it does. And it's been a game changer. So I
15 would -- again, hypothetically, I would imagine the percentages
16 are higher.

17 Q. And does your clinical practice confirm, in part, that
18 hypothesis?

19 A. It does, but again -- yes, yes, it does.

20 Q. And when you talk about the smartphone as a game changer,
21 what do you mean by that?

22 A. Well, the smartphone's only been around 13-plus years or
23 so, and in that short period of time we've reached an 85 to 90
24 percent adoption rate in the United States. So virtually
25 everybody has a smartphone. And the smartphone's power is in

M6mWmel2

Greenfield - Direct

1 its access to the internet. If it wasn't accessible to the
2 internet, people would lose interest in it immediately. So
3 it's become the dominant form of internet access around the
4 world, so much so that I call it a portable dopamine pump.

5 I mean I left my smartphone downstairs, because I had to
6 give it up, and I feel uncomfortable now because I don't have
7 it. That's how attached we are to it, and the reason we're
8 attached to it is because of that repeated intermittent,
9 variable dopamine hit that we get from it. So I, again, think
10 that the numbers would be higher.

11 Q. In addition to the smartphone, have there been other
12 changes in the internet space that impact user access?

13 A. Yes, tremendously. Again, when I did my original research,
14 wi-fi wasn't a thing. Laptops and tablets were really not a
15 thing. Smartphones certainly weren't around, and the most
16 important change is that when I did this original research, we
17 were on dial-up. If you -- I don't know how many people in
18 here remember that, but that was communicating at a fraction of
19 the speed that we communicate now.

20 In those days, you had to go online. Now you're
21 always online. So there's instant access, and one of the
22 things we know is that the faster a substance or behavior
23 induces an intoxicating response, the more addictive that
24 substance or behavior is. And this is true of drugs as well as
25 behavior.

M6mWmel2

Greenfield - Direct

1 Q. What is your sense of how the majority of respondents in
2 your 1999 study were accessing the internet?

3 A. Could you repeat that?

4 Q. What is your sense of how the majority of respondents in
5 your '99 study were accessing the internet?

6 A. Well, at that time, the only way they could access it was
7 dial-up.

8 Q. Would that be from a home computer or --

9 A. Yes, essentially from a desktop home computer.

10 Q. Going --

11 A. Which is not the majority now.

12 Q. What is the majority now?

13 A. Smartphone.

14 Q. And what is that conclusion based on?

15 A. Oh, there's been numbers of studies that have verified that
16 the smartphone is becoming the dominant access point for
17 internet access.

18 Q. And do your patients discuss their smartphones and how they
19 impact their use and behavior?

20 A. Yeah, they come in talking about their addiction to their
21 smartphone. That is a common complaint. Some people want to
22 do something about it and some people do not.

23 Q. Has the availability of a smartphone impacted the way
24 people engage in chat spaces in your clinical practice?

25 A. Yes.

M6mWme12

Greenfield - Direct

1 Q. How so?

2 A. Because, again, there's no threshold to cross. It's always
3 on and easily accessible, and the more accessible and available
4 a substance or behavior is that has intoxicating properties,
5 the more likely you're going to use it or overuse it.

6 Q. Thank you.

7 Going back a moment to this concept of disinhibition,
8 what is your current impression of how internet users
9 experience disinhibition online?

10 THE COURT: I'm sorry. Can you rephrase the question.
11 Is the question how all internet users experience disinhibition
12 online?

13 MS. WERNER: Thank you, your Honor. It's a good
14 clarification.

15 Q. What is your takeaway about how nonaddicted internet
16 users -- in other words, internet users who you have not
17 diagnosed as addicted -- experience the phenomenon of
18 disinhibition online?

19 A. Yeah. I mean the questions that we ask, you know, that we
20 use to access that or to get at that phenomena is basically the
21 idea that you'd be more likely to say or do something online or
22 reveal some aspect of yourself than you ordinarily would do in
23 a real-time interaction.

24 THE COURT: I'm sorry. Can I just clarify that. I
25 apologize.

M6mWmel2

Greenfield - Direct

1 What's the basis for that position, Dr. Greenfield?

2 Counsel's question was predicated on the concept that these are
3 not people that you have treated. So what's the basis for your
4 position regarding this mass of other people's views --

5 THE WITNESS: Oh. Maybe I misunderstood.

6 THE COURT: Thank you.

7 Counsel, can you rephrase the question, please.

8 BY MS. WERNER:

9 Q. Dr. Greenfield, asking you specifically about internet
10 users who you have not diagnosed as addicts.

11 A. So, I just -- I'm -- can I ask for clarification? Are you
12 talking about the people who participated in my study, or are
13 you talking about people who have come to my office who then
14 turn out not to be internet addicts?

15 Q. I am asking a general question about your belief as a
16 clinical psychologist, your belief about how nonaddicted
17 internet users experience the internet in a general sense. So
18 internet users who are not necessarily addicts, do some or many
19 of them experience disinhibition, in your opinion?

20 A. I would say a sizeable percentage do, not dissimilar from
21 the percentage that we found in the study.

22 Q. And what is that based on?

23 A. Well, it's based on the study and it's based on my
24 continued assessment of people when they come in to see me,
25 some of whom do not even have internet issues or are not

M6mWmel2

Greenfield - Direct

1 internet-addicted.

2 Q. Do you diagnose 100 percent of people who come to see you
3 with internet addiction?

4 A. Oh, not even close, no.

5 Q. Is your conclusion about the prevalence of disinhibition
6 also based on your review of other literature in the field?

7 A. Yes.

8 Q. Do you draw any conclusions about the prevalence of time
9 distortion among the general internet user as opposed to a
10 diagnosed internet addict?

11 A. Yeah. And that's based, again, on my original research and
12 then my subsequent evaluation and observation of all the people
13 that have come to see me.

14 Q. And what is your conclusion today about time distortion?

15 A. I mean I think virtually everybody experiences it. I --
16 you know, I don't have a legitimate basis to say that everybody
17 does, but my opinion is that just about all of us do.

18 Q. And what about loss of boundaries; how does the general
19 internet user experience a loss of boundaries, in your opinion?

20 A. A large percentage experience a loss of boundaries. I
21 think less -- a smaller percentage than experience time
22 distortion.

23 Q. What is that based on?

24 A. Again, my original research and then the subsequent people
25 that have come to see me.

M6mWme12

Greenfield - Direct

1 Q. And also --

2 A. And my review of the literature.

3 Q. What is your conclusion today about how often internet
4 users who are not diagnosed internet addicts, how often they
5 lie online?

6 A. I mean I pretty much assume that everybody that goes online
7 lies, and --

8 Q. And what is that based on?

9 A. Well, it's based on my research. It's based on other
10 people's research. It's based on the fact that people come in
11 and tell me all the time about how much they lie and how much
12 they assume everyone else is lying.

13 Q. Does that include your review of literature like --

14 A. Yes.

15 Q. -- the 2016 study and the 2011 study --

16 A. Yes, similar to the results that we discussed earlier.

17 Q. Do you draw any conclusions about the ability of a typical
18 internet user to tell whether others online are lying or
19 playing roles?

20 A. Well, that's just the thing. You can't know whether
21 somebody's lying because there's no way to validate it. But I
22 think a large percentage of people may have some expectation
23 that there's lying going on.

24 (Continued on next page)

M6M5mel3

Greenfield - Direct

1 Q. Is that supported by the 2011 study --

2 A. Yes.

3 Q. -- that you reviewed?

4 A. Yes.

5 Q. What conclusions do you draw about the phenomenon of
6 broadcast intoxication for the average non-addicted Internet
7 user?

8 A. Well, again, since we have so much data on social media now
9 I think it is well established that the phenomena broadcast
10 intoxication exists.

11 Q. Can you spell that out again, what you mean by broadcast
12 intoxication?

13 A. Well, another way of looking at it is what we call social
14 validation looping, which is this idea that if you do something
15 either real or imagined and you broadcast it, meaning put it up
16 on the Internet in some fashion, and you get a degree of likes
17 or acknowledgment or comments, that's an intoxication loop and
18 it enhances the likelihood that you are going to repeat it.

19 Now, the social media channels know this and they use this as a
20 way to keep your eyes on the screen. They want everybody on
21 social media all the time because they sell your data and they
22 sell you products and they sell advertising. So the whole
23 thing is a big ruse, essentially, to keep our eyes on screen
24 but it is all based on that dopaminergic innervation from
25 talking about their lives or some -- whether real or fake, in a

M6M5mel3

Greenfield - Direct

1 way that other people are going to rank it, rate it, comment on
2 it, like it, and then that creates a social validation loop.
3 It is dangerous, potentially.

4 Q. I think you testified that broadcast intoxication was your
5 term. Have other scholars written on the same dynamic?

6 A. Yes, they call it different things. I mean, social
7 validation looping is another term.

8 Q. Have you drawn any conclusions over your career about the
9 maybe factor?

10 A. Yes, I have.

11 Q. What is the maybe factor?

12 A. The maybe factor is a term that is my term, but really what
13 it refers to is that one of the things we know about dopamine
14 innervation and reward is that the anticipation of a reward is
15 actually more dopaminergically enhancing than the actual reward
16 itself, so the expectation that you might win or maybe will
17 win, let's say in gambling or something online, it doesn't
18 matter what it is, actually innervates dopamine at twice the
19 level that you ordinarily would. And this is based on animal
20 studies, primate studies that have been done by a pretty
21 well-known neurologist out of Stanford, and he shows
22 graphically how anticipated dopamine release is higher. So
23 that's the maybe factor. See, it's the reason why people will
24 stand in front of a slot machine or scroll through their feeds
25 over and over because maybe they'll see something they like, or

M6M5mel3

Greenfield - Direct

1 maybe they'll see something that's relevant, or maybe they'll
2 see something that is appealing. But if you know for a fact
3 that it will be there, or if you know for a fact that it won't
4 be there, you will lose interest. It is the variability, the
5 maybe that really keeps us connected.

6 Q. So in layman's terms are you saying there is a dopamine hit
7 that comes when the pictures are rotating on the slot machine
8 and not just when the pictures settle and you know whether you
9 have won or lost?

10 A. I'm saying, yes -- the answer is yes to that, and I'm
11 saying that you are experiencing an anticipated dopamine hit
12 when you get in the car to go to the casino. I'm saying when
13 you walk up and you see the computer opened and it is online,
14 you are already experiencing that anticipation.

15 Q. And is your impression that Internet users, to a large
16 degree, experience the maybe factor or only Internet addicts?

17 A. No, I think we all do, or -- yes, I think we all do, most
18 of us.

19 Q. What is that based on?

20 A. It is based on my research. It is based on my review of
21 the literature, it is based on my patients, and it is based on
22 me on the fact that -- because I use myself as my own subject,
23 I watch my behavior as well. So I think the fact that you have
24 got access to something that will maybe be pleasurable in your
25 pocket, it's almost impossible not to look at it.

M6M5mel3

Greenfield - Direct

1 Q. Is that also based on your understanding of addiction
2 medicine --

3 A. Yes.

4 Q. -- through evolutionary biology?

5 A. Yes. Very much so.

6 Q. Do you draw any conclusions at this point in your career
7 about variable reinforcement?

8 A. Yes.

9 Q. What is variable reinforcement?

10 A. So variable reinforcement is speaking to the issue that I
11 was just talking about in terms of the maybe factor. But in
12 terms of behavioral conditioning, anything that is reinforced
13 in an unpredictable and variable format is far more addictive
14 or far more resistant to extinguish than if it is regularly
15 reinforced so this is why -- well, this is why the Internet is
16 so addictive, in a sense, because it variably reinforces you.
17 Sometimes there is something good, sometimes there isn't, but
18 you don't know when and you don't know where and you don't know
19 how good it will be.

20 Q. Is your sense that this dynamic of variable reinforcement
21 impacts non-addicted Internet users as well as Internet
22 addicts?

23 A. It is my opinion, yes.

24 Q. In what way?

25 A. That we all -- you know, well, that the anticipation of the

M6M5mel3

Greenfield - Direct

1 possibility of seeing something and because occasionally we do
2 see something we like or find interesting or appealing, or that
3 is relevant to us which then elevates dopamine, that
4 anticipation increases the likelihood that you are going to
5 pick it up and click, or scroll, or tap, or use your mouse.

6 Q. Do you draw any conclusions at this point in your career
7 about how potent content impacts user experience online -- and
8 I mean a non-addicted user.

9 A. I think the more potent the content the more likely the
10 potential abuse will occur.

11 Q. What is that based on?

12 A. Again, based on my research, based on my clinical
13 experience, and based on the literature. That is pretty
14 well -- and not just literature in terms of the Internet but
15 addiction medicine literature.

16 Q. Have you developed an understanding of a concept called
17 synergistic amplification?

18 A. Yes.

19 Q. What is that?

20 A. I mentioned synergistic amplification earlier, it is the
21 interaction between the content and the Internet delivery
22 mechanism. Because the Internet delivers it in a very rapid
23 format in a focused way, it synergizes the potency and
24 availability of that content. So for instance, pornography has
25 been around a long time, long before the Internet has, but

M6M5mel3

Greenfield - Direct

1 there is no doubt, based on the data -- not my data only but
2 the data in the literature -- that pornography is being
3 consumed at epidemic levels now and, again, it is because of
4 that synergistic amplification of that content.

5 Q. Is synergistic amplification a concept that applies only to
6 Internet addicts or to Internet users more broadly?

7 A. No, I think it applies to anyone that uses the Internet.

8 Q. Dr. Greenfield, is it correct to say that most people in
9 the countries -- the United States -- today spend at least some
10 time on the Internet?

11 A. Yeah, I think you could safely say that. I am sure that
12 there are a few people out there who do not but it's pretty
13 prevalent.

14 Q. So to ask something that may be obvious, is it fair to say
15 that most people in the United States have a basic familiarity
16 with their own online experience?

17 A. I think that's a safe thing to say.

18 Q. Can a person who knows only about their own online
19 experience draw conclusions with as much force as you are able
20 to draw, based on your work?

21 A. Could you clarify that question?

22 Q. Your work is based on your research, your review of other
23 literature, and your clinical practice; correct?

24 A. Yes.

25 Q. And fair to say that the conclusions you draw, all of the

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Greenfield - Direct

1 conclusions that you have discussed are based on those things?

2 A. Yes.

3 Q. And your practice, your research --

4 A. Yes, I would agree.

5 Q. -- your review of the literature?

6 Does a single Internet user who knows their own
7 experience with the Internet, is that person able to draw
8 conclusions with as much force and weight as the conclusions
9 you can draw in your career?

10 A. Well, I don't know every theoretical person that you are
11 referring to so I would say probably not, unless they have some
12 expertise or knowledge that goes beyond the average person. I
13 would say that my opinion is an informed one based on my work.

14 Q. What is the value of examining behavioral psychology and
15 dynamics across a set of thousands of people?

16 A. Could you repeat that, please?

17 Q. What is the value of examining behavioral psychology or
18 human behaviors across a set of thousands of people as opposed
19 to examining the human behavior in a single person?

20 A. Well, theoretically it is so you can extrapolate to a
21 larger population-based behavior, in other words that you can
22 make statements that extend beyond the individual, that this is
23 how we create diagnostic categories is that we extrapolate from
24 a sample to a larger group and that's how we develop prevalence
25 statistics as well.

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Greenfield - Direct

1 Q. So can any Internet user draw the conclusions that you have
2 been able to reach over your career?

3 A. I mean, I guess if they did everything I did, maybe.

4 MS. WERNER: Brief indulgence, your Honor?

5 THE COURT: That's fine. Take your time, counsel.

6 MS. WERNER: No further questions.

7 THE COURT: Thank you very much.

8 THE WITNESS: Is it --

9 THE COURT: I'm going to respond to your question.

10 I'm going to take a break now before we begin with the
11 cross-examination of Dr. Greenfield. I'm going to propose that
12 we take a relatively lengthy break to let everyone stretch
13 their legs and also to eat something, if you would like. It is
14 about 11:48 right now by my clock, I'm going to propose that we
15 reconvene at 12:30 to continue Dr. Greenfield's testimony.

16 Counsel for the United States, is there request for an
17 instruction?

18 MS. RAVENER: Yes, your Honor. We would ask that
19 Dr. Greenfield be instructed, as would be typical for a witness
20 on cross-examination, not to discuss his testimony.

21 THE COURT: Good. Thank you very much.

22 So Dr. Greenfield, as you just heard the United States
23 request, you should not talk about this case or your testimony
24 here with anyone during the course of this break. That is
25 because you are about to be cross-examined. And so I am

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Greenfield - Direct

1 directing that you not discuss this case or your testimony here
2 with anyone, including, in particular, counsel for defendant.

3 With that, I look forward to seeing you all back here
4 in about 40 minutes. Thank you.

5 (Luncheon recess)

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Greenfield - Cross

1 A F T E R N O O N S E S S I O N

2 12:30 p.m.

3 THE COURT: So we are back on the record after our
4 lunch break. Let me turn to counsel for the United States.
5 Are you prepared?

6 MS. RAVENER: We are, your Honor.

7 THE COURT: Good. Thank you. So let's begin.

8 MS. RAVENER: Thank you, your Honor. One moment?

9 THE COURT: Thank you.

10 MS. RAVENER: Thank you very much, your Honor, and if
11 I could have permission as well to remove my mask during
12 questioning?

13 THE COURT: Thank you. Yes, you may.

14 MS. RAVENER: Thank you.

15 CROSS-EXAMINATION

16 BY MS. RAVENER:

17 Q. Good afternoon, Dr. Greenfield.

18 A. Good afternoon.

19 Q. Dr. Greenfield, your speciality within your field is the
20 study of Internet addiction, correct?

21 A. I think my study is Internet behavior and addiction, but
22 yeah.

23 Q. So you believe that your speciality is all Internet
24 behavior; is that right?

25 A. I believe that I have expertise on the use of the Internet,

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Greenfield - Cross

1 and then obviously it's abuse.

2 Q. And let me ask you this. Your website is
3 virtualaddiction.com; correct?

4 A. Correct.

5 Q. And you have written two books; correct?

6 A. Correct.

7 Q. And the first one is called "Virtual Addiction;" right?

8 A. Correct.

9 Q. And the second one is called, "Overcoming Internet
10 Addiction for Dummies," correct?

11 A. Correct.

12 Q. And you run a center which you call the Center for Internet
13 and Technology Addiction; correct?

14 A. Correct.

15 Q. And that focus includes too much shopping online; right?

16 A. Yeah.

17 Q. And it includes distracted driving because someone is using
18 their cell phone while operating a car; right?

19 A. Correct.

20 Q. It includes sexual behavior online; right?

21 A. Correct.

22 Q. Like pornography?

23 A. Among other things, yeah.

24 Q. It includes online gambling; is that right?

25 A. Yup.

M6M5mel3

Greenfield - Cross

1 Q. And it includes video games; correct?

2 A. Yes.

3 Q. And those are the topics, the ones I just listed, that you
4 typically write and talk about, correct?

5 A. Well, yes, I talk about all of those things but I also --
6 there are other things that I talk about that are not on your
7 list.

8 Q. OK. But on your website, for example, you hold yourself
9 out with areas including -- I'm sorry, you specify that your
10 areas are too much shopping online, Internet addiction,
11 distracted driving, pornography, online gambling, and video
12 games; correct? Those are the topics that you list?

13 A. Yes.

14 Q. And your book, "Overcoming Internet Addiction for Dummies,"
15 lists several self-tests; correct?

16 A. Correct.

17 Q. And those tests are smartphone compulsion; right?

18 A. Yes.

19 Q. Digital distraction, right?

20 A. Right.

21 Q. Video game addiction, right?

22 A. Yes.

23 Q. Shopping, gambling and investing, right?

24 A. Right.

25 Q. And online pornography, right?

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Greenfield - Cross

1 A. Right.

2 Q. And those are the topics, the ones I just listed with
3 respect to your self-tests for which you typically treat
4 patients; correct?

5 A. I would say that the majority of patients fall into one of
6 those categories. There are a few categories that I deal with
7 that are not listed in that, among those tests.

8 Q. But those are the majority of your clinical practice,
9 right?

10 A. 70 percent, 75 percent.

11 Q. 75 percent.

12 A. Yeah.

13 Q. And again, your website lists and specifies four areas that
14 you cover -- Internet and smartphone addiction, video game and
15 pornography, and distracted driving, right? Those four issues?

16 A. Yes.

17 Q. You work, primarily, as a practicing psychologist with a
18 specialty in addictions and sex addiction treatment, right?

19 A. Well, I work as a general psychologist and then I have a
20 subspecialty in Internet behavior and addiction so I see about
21 30 percent of my patients are just, have nothing to do with the
22 Internet, like zero. They may use the Internet but they're not
23 dealing with problems related to the Internet.

24 Q. OK. And doesn't your website state that you are a
25 practicing psychologist with a speciality in addictions and sex

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Greenfield - Cross

1 addiction treatment?

2 A. Yes, but a speciality doesn't mean -- it doesn't mean
3 exclusivity.

4 Q. You also advertise yourself as an expert witness, right?

5 A. I have done expert witness work, yes.

6 Q. Well, your website offers that service, correct?

7 A. It's on the website, yes.

8 Q. And you state that you have provided testimony on cases
9 involving divorce, right?

10 A. I have, yes.

11 Q. Legal problems arising from abuse or addiction to the
12 Internet or Internet pornography and resulting issues in the
13 workplace, right?

14 A. I have dealt with all of those, yes.

15 Q. Those are the topics that you describe you have provided
16 testimony about before, right?

17 A. Yup.

18 Q. Now, when we talk about the term addiction that's not a
19 real medical term, right?

20 A. Yeah. Actually, the word addiction is not a medical term.

21 Q. Thank you.

22 If you don't have -- you don't have a medical degree,
23 right, Dr. Greenfield?

24 A. I do not.

25 Q. And addiction is just a term you use because it's popular

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Greenfield - Cross

1 in the media; isn't that right?

2 A. No, that is not correct.

3 Q. OK. Are you familiar with your testimony under oath in
4 this court house that you discussed earlier today in *United*
5 *States v. D'Amelio*?

6 A. I don't recall everything I said in that testimony, no.

7 Q. OK, well why don't we take a look at it at Government
8 Exhibit 6 --

9 A. OK.

10 Q. -- transcript page 138, and I will ask if we can bring that
11 up on the screen for you.

12 A. On one of these screens?

13 Q. Yes.

14 When you testified in *United States v. D'Amelio* you
15 were under oath; is that right, Dr. Greenfield?

16 A. Yes.

17 Q. I would like to direct you -- do you have it up?

18 A. Nope.

19 Q. We can provide you with a hard copy.

20 A. OK.

21 Q. And we can provide the Court and defense counsel with hard
22 copies as well.

23 A. Thank you. Am I supposed to turn to a page?

24 Q. Yes. I am referring to transcript page 138, Government
25 Exhibit 6.

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Greenfield - Cross

1 MR. MARVINNY: We have it.

2 A. Yes, I see it.

3 Q. Dr. Greenfield, does that refresh your memory that in
4 that -- in the *D'Amelio* case -- you testified that addiction is
5 a popular term that the press and the media use?

6 A. Yes, I did say that.

7 Q. And, Dr. Greenfield, I ask you to put that down now.

8 A. OK.

9 Q. Dr. Greenfield, we don't really have a formal definition of
10 addiction when it comes to the Internet, right?

11 A. I don't think that's correct. I don't agree with that.

12 Q. OK. Well, that was your testimony in the *D'Amelio* case,
13 correct?

14 A. Well, the term --

15 Q. No, I'm asking you a question about your prior testimony,
16 sir.

17 A. I actually don't -- I didn't have a chance to read what you
18 just gave me.

19 Q. So I can direct you to it.

20 A. OK.

21 Q. Please turn back to Government Exhibit 6 at transcript 138.

22 A. OK.

23 Q. Does that refresh your recollection that, under oath, in
24 the *D'Amelio* case, you stated we don't really have a formal
25 definition of addiction yet with the Internet?

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Greenfield - Cross

1 A. Yeah.

2 Q. Was that your testimony?

3 A. Yes, that was. Then.

4 Q. In 2009, correct?

5 A. Yes.

6 Q. And it's your testimony that in the intervening
7 approximately 10 years, that's completely changed?

8 MS. WERNER: Objection.

9 THE COURT: Thank you.

10 You can rephrase the question.

11 BY MS. RAVENER:

12 Q. It is your testimony that that has changed since 2009? Is
13 that what you are telling us?

14 A. I think in the last 12 or 13 years things have changed,
15 yes.

16 Q. Well, in 2009, with respect to, with specific regard to
17 technology and Internet addiction, no scientific agreement
18 exists -- I'm sorry. Let me back up. Withdrawn.

19 Today, with specific regard to Internet and technology
20 addiction, no scientific agreement currently exists on what the
21 final diagnostic labels will be, right?

22 A. That's true.

23 Q. And that is a statement that you have made in your book
24 written last year, right?

25 A. That is correct.

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Greenfield - Cross

1 Q. We are not quite at a point in the science of diagnosis and
2 treatment of Internet-related disorders to make those
3 decisions, correct?

4 A. No, that's not what I'm saying.

5 Q. OK. Well, let me show you your book, Government Exhibit 7.

6 A. No, I know what I said in the book. I agree with what you
7 said I said. What I am talking about is the diagnostic
8 labeling. I do think there is agreement in the literature that
9 there is such a thing as Internet addiction.

10 Q. OK. Well, let's talk a little bit more about that.

11 A. OK.

12 Q. As of now, Internet and screen addictions are still
13 relatively new areas of study even in your view, correct?

14 A. By comparison to the substance abuse arena I would say they
15 are on the newer side, yes.

16 Q. And as a result, in your view, addiction medicine has not
17 yet fully developed definitive diagnostic markers for these
18 purported problems, right?

19 A. No. They have not developed diagnostic labels. There are
20 lots of markers that have been widely accepted.

21 Q. OK. Let's take a look at Government Exhibit 8 at page 147.

22 MS. WERNER: I'm sorry. What is Government Exhibit 8?
23 We don't have that.

24 MS. RAVENER: You should in your binder.

25 MS. WERNER: We didn't receive a binder.

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Greenfield - Cross

1 MS. RAVENER: We can provide it to you, it is his
2 book.

3 THE WITNESS: Do you want me to look at something?
4 BY MS. RAVENER:

5 Q. Yes, please turn to Government Exhibit 8. Do you recognize
6 this as page 147 of your book, "Overcoming Internet Addiction
7 for Dummies," Dr. Greenfield?

8 A. I don't see that here but I may not be looking in the right
9 section so you are going to have to help me here.

10 Q. OK. Do you see Government Exhibit 8?

11 A. Is it tabbed? Is that what you are telling me?

12 Q. Yes, it is.

13 A. I am in 8 and I am on page 147, and what I see --

14 Q. There is a difference, Dr. Greenfield, between the things
15 labeled DX and the regular numbers so you might want to turn
16 further.

17 A. OK. I'm happy to do that. I just don't know what I am
18 doing here. OK. Did you say D8?

19 Q. Government Exhibit 8, just the number 8, Dr. Greenfield.

20 A. I don't know what I am doing wrong here.

21 MS. RAVENER: Your Honor, if I may ask for permission
22 to approach the witness with the document?

23 THE COURT: You may.

24 THE WITNESS: Yes. If you have it. I can't find it.
25 BY MS. RAVENER:

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Greenfield - Cross

1 Q. Dr. Greenfield, do you recognize that document as page 147
2 of your book "Overcoming Internet Addiction for Dummies?"

3 A. I do.

4 Q. Do you see where it says that currently, no final consensus
5 exists -- I'm sorry -- that as a result, addiction medicine has
6 not yet fully developed definitive diagnostic markers for these
7 problems?

8 A. Yes, I see that.

9 Q. Thank you. You can put that down.

10 A. OK.

11 Q. That's a book written by you, right?

12 A. It is.

13 Q. And it was published last year, right?

14 A. That is correct.

15 Q. Dr. Greenfield, as we sit here today, currently no final
16 consensus exists on which diagnostic markers and symptoms are
17 necessary to warrant an Internet and screen addiction
18 diagnostic label, right?

19 A. I think that they're -- no, that's not what I am saying. I
20 think that there are clear indicators of diagnostic symptoms,
21 the issue is we don't have a definitive agreement on how to
22 label those and in what constellation one would see those, yes.

23 Q. OK. Well, let's be clear about it. Can we turn to
24 Government Exhibit 9?

25 A. OK.

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Greenfield - Cross

1 Q. This should now be up on the screen -- I hope -- for you.

2 A. There is nothing on the screen.

3 Q. OK. If you can turn to the ninth tab in your binder, just
4 the number 9?

5 A. I see it.

6 Q. Do you recognize that as page 148 of your book "Overcoming
7 Internet Addiction for Dummies?"

8 A. Yes.

9 Q. I would like to --

10 A. Now -- well, that's all right, I have got it.

11 Q. I would like to direct you to the first sentence on that
12 page --

13 A. Yes.

14 Q. -- where it states in your words: Currently, no final
15 consensus exists on which diagnostic markers and symptoms are
16 necessary to warrant an Internet and screen addiction
17 diagnostic label; correct?

18 A. That is correct, but there is a sentence right after it
19 that clarifies that.

20 Q. And you are referring to the fact that in your view, in
21 your words, there is general agreement on many of the relevant
22 issues you present in this chapter; is that right?

23 A. That is -- well, I am not just talking about my opinion, I
24 am talking about general agreement among the professional
25 community.

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Greenfield - Cross

1 Q. Dr. Greenfield, that's your opinion of that general
2 agreement, correct?

3 A. Absolutely it is my opinion.

4 Q. And that's because the statements we are looking at right
5 now are written by you in your book, right?

6 A. Absolutely true, yes.

7 Q. And again, that was published last year; right?

8 A. Correct.

9 Q. Dr. Greenfield, you can put that down.

10 There are major organizations that evaluate new
11 psychological diagnoses and phenomena, right?

12 A. What are you referring to? I'm sorry.

13 Q. So, like, the World Health Organization looks at whether
14 there are new psychological diagnoses and phenomena in the
15 world, right?

16 A. That is correct.

17 Q. And the American Psychiatric Association does that too,
18 right?

19 A. Yes.

20 Q. And your concept of compulsive Internet addiction is not
21 recognized by the World Health Organization, right?

22 A. No, I would not agree with that. I think that they have
23 categories now regarding compulsive online use that are in the
24 ICD-11.

25 MS. RAVENER: If I could just approach one moment,

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Greenfield - Cross

1 your Honor, to retrieve my document?

2 THE COURT: Thank you. You may.

3 Q. Dr. Greenfield, if we can try to show you Government
4 Exhibit 8 again, which is page 147 of your book?

5 A. Yes. OK.

6 Q. OK. That is where you explain that the most agreed upon
7 term, to date, which is specific only to video game addiction,
8 is Internet gaming disorder; correct?

9 A. That is correct.

10 Q. And you state that that appears in the World Health
11 Organization's International Classification of Diseases -- or
12 ICD-11 listing -- as gaming disorder; correct?

13 A. That is correct.

14 Q. So there is no Internet addiction listed in the World
15 Health Organization's ICD-11, correct?

16 A. That is correct.

17 Q. Internet addiction is also not recognized by the American
18 Psychiatric Association in the Diagnostic and Statistical
19 Manual of Mental Disorders -- or the DSM-5; right?

20 A. That is correct. The only thing that is in it is the
21 provisional diagnosis for video game addiction.

22 Q. And that is specific to video game addiction, right?

23 A. That is correct.

24 Q. And that is current as of today, correct?

25 A. It is current but far outdated.

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Greenfield - Cross

1 Q. In your view it is outdated?

2 A. In my view it is outdated, yes.

3 Q. That's because the DSM-5 was updated in approximately 2013;
4 is that right?

5 A. About that. About 15 years old.

6 Q. And you consider 15 years outdated?

7 A. I do.

8 THE COURT: Sorry. Can I break in here? Wasn't it
9 updated in March, the DSM-5?

10 MS. RAVENER: Your Honor, that may be right.

11 THE COURT: Thank you.

12 THE WITNESS: I haven't seen it, so.

13 THE COURT: Thank you. You may proceed.

14 BY MS. RAVENER:

15 Q. If we could clarify that, how --

16 A. Yeah. I haven't used anything new that came out in March
17 so I'm not familiar with it.

18 Q. So what current version of the DSM-5 do you use, Doctor?

19 A. The original version, the thicker one that came out in
20 2013.

21 Q. And you understand that it is periodically updated or
22 supplemented?

23 A. I do.

24 Q. And it may have been updated as recently as March?

25 A. Apparently. He is saying it is, so.

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Greenfield - Cross

1 Q. And you are not familiar with any of those updates?

2 A. I have not read it.

3 Q. You have not read any of the updates?

4 A. Not the March update, no.

5 Q. When including Internet gaming disorder, the American
6 Psychiatric Association specified that the criteria for this
7 condition is limited to Internet gaming and does not include
8 general use of the Internet, online gambling, or social media;
9 correct?

10 A. I'm not -- I don't have that in front of me but I take your
11 word for it.

12 Q. Well, Dr. Greenfield, is that true or not true?

13 A. Yeah, that -- I think that the definition in -- they have
14 the most evidence on video game addiction so I think that's
15 probably accurate, yes.

16 Q. That that is the position of the American Psychiatric
17 Association, right?

18 A. That is the current position, yes.

19 Q. And, by the way, part of your job is to stay current with
20 the standards of the American Psychiatric Association, right?

21 A. Part of my job? You mean am I supposed to stay up-to-date
22 with the literature? Is that what you are saying?

23 Q. Yes.

24 A. Yes, in general I do.

25 Q. You testified today that you have to stay current on the

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Greenfield - Cross

1 research in your field to be valid and credible, right?

2 A. That is correct.

3 Q. So to be clear, Dr. Greenfield, like the World Health
4 Organization, the American Psychiatric Association does not
5 recognize Internet addiction as a disorder, right?

6 A. That is correct.

7 Q. And it specifies that the features of Internet gaming
8 disorder do not include general use of the Internet, correct?

9 A. That's correct.

10 Q. And you are aware then that today disagreements still exist
11 as to the etiology, epidemiology, diagnosis, and treatment of
12 your theories of Internet addiction and use problems, correct?

13 A. I think there is some disagreement. I think there is
14 general agreement that there is an issue.

15 Q. Agreement that there is an "issue" is not something that
16 has been documented by the American Psychiatric Association in
17 the DSM-5 or the World Health Organization in the ICD-11; is
18 that right?

19 A. That is correct. It takes a long time for stuff to end up
20 in these nomenclatures.

21 Q. Dr. Greenfield, you run a center focused on Internet
22 addiction, right?

23 A. I do.

24 Q. And you advertise yourself as providing treatment to people
25 with Internet addiction, right?

M6M5mel3

Greenfield - Cross

1 A. I do.

2 Q. And you sell books about Internet addiction, right?

3 A. I wouldn't say I sell a lot of books, no.

4 Q. Well, you have published books, right?

5 A. I do publish books, correct.

6 Q. And those are for sale?

7 A. Yes.

8 Q. And you make money off of the sale of those books, correct?

9 Do you earn any money off of the sale of books?

10 A. I have earned a small amount of money, yes.

11 Q. And you have earned money from your private practice?

12 A. That, I do, yes.

13 Q. And you also earn money from providing expert testimony on
14 Internet addiction like you are today, right?

15 A. That is true, yes. Accurate.

16 Q. Now, Dr. Greenfield, you believe that some people use the
17 Internet compulsively, right?

18 A. I do.

19 Q. In fact, you testified today that most people overuse the
20 Internet, right?

21 A. That is my belief.

22 Q. And you have identified what you view as compulsive
23 Internet users, right?

24 A. I'm not sure I understand your question.

25 Q. You have identified people you view as compulsive Internet

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Greenfield - Cross

1 users, right?

2 A. Are you asking me have I seen people in my practice that I
3 diagnose or define as compulsive Internet users?

4 Q. Yes.

5 A. Yes.

6 Q. And you believe there is a concept of heavy Internet users,
7 right?

8 A. Yes.

9 Q. And Internet addicts, right?

10 A. Yes.

11 Q. But there is no way of knowing if a person is experiencing
12 symptoms related to Internet addiction without evaluating an
13 individual situation, right?

14 A. Ultimately, yes, you have to evaluate the person directly
15 to make a definitive diagnosis, yes.

16 Q. And so you agree that any attempts at medical or
17 psychiatric diagnoses, they must be performed in the context of
18 a professional evaluation or consultation by a psychologist,
19 psychiatrist, or other licensed mental health or addictions
20 professional, right?

21 A. I would agree with that.

22 Q. You can't just assume someone is addicted to the Internet,
23 right?

24 A. You can't diagnose them with an Internet addiction without
25 evaluating them; that's correct.

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Greenfield - Cross

1 Q. And you can't assume someone is an Internet addict without
2 an evaluation being conducted, correct?

3 A. I would not diagnose somebody as definitively as having an
4 Internet addiction unless I evaluated them and I do specify
5 that in the book, that ultimately no matter how much the
6 evidence appears that way, they still need a final evaluation
7 by a person.

8 Q. And that's because you have to conduct tests to diagnose
9 them, right?

10 A. Sometimes. It is more that you have to eyeball them. You
11 have to ask them a lot of questions to really evaluate them.

12 Q. And part of what you do is you use tests that you have
13 created yourself, right?

14 A. Yeah. I don't use the tests a lot. I rely more on my
15 clinical interviews at this point but the tests are there, yes.
16 They're in the book and I have used them.

17 Q. So you publish tests about these diagnoses but you don't
18 use them in your clinical practice?

19 A. I don't routinely use them because I ask the same questions
20 in the course of my clinical interviews anyway. So I don't
21 hand them a piece of paper; they're in my office and I am doing
22 an initial workup which covers everything that is in those
23 tests.

24 Q. But you don't apply the standards set forth in those tests
25 to your clinical practice?

M6M5mel3

Greenfield - Cross

1 A. That's not what I am saying. I do apply those standards, I
2 just don't hand them a piece of paper and say fill this out.

3 Q. And those questions include things like: *Do you find*
4 *yourself seeking more stimulating video games?*

5 A. That's -- yeah, that's one of the questions.

6 Q. And: *Do you find yourself repeatedly seeking more*
7 *stimulating content on the Internet?*

8 A. Yup.

9 Q. And one of those questions is whether someone has used
10 their smartphone to commit a crime; right?

11 A. I don't recall that question but I am sure it is accurate
12 that it is in there. I believe you.

13 Q. But really, Dr. Greenfield, you agree that you need to
14 examine a person in a clinical setting in a professional way in
15 order to form an opinion about them, right?

16 A. It would be unethical to diagnose a patient with anything
17 without evaluating them directly. You can't do it by proxy or
18 even a paper and pencil test and I specify that in the book.

19 Q. And it would be unethical, then, to also draw assumptions
20 about a person's conduct if they hadn't been evaluated, right?

21 A. I don't -- well, you can have opinions about people's
22 behavior, you just can't definitively diagnose them.

23 Q. Well, you haven't examined the defendant in this case Ethan
24 Phelan Melzer; right?

25 A. I didn't hear what you said.

M6M5mel3

Greenfield - Cross

1 Q. You have not examined the defendant in this case, Ethan
2 Phelan Melzer?

3 A. Correct, I have not evaluated him.

4 Q. You never treated Ethan Melzer?

5 A. No.

6 Q. You don't know how much he uses the Internet, right?

7 A. I think I assume that he used -- at least did -- use it
8 quite a bit.

9 Q. So you have made assumptions about his Internet use?

10 A. I did make that assumption.

11 Q. You made that assumption without reviewing the evidence in
12 this case, correct?

13 A. I -- I mean, I know something about the case so, I mean, I
14 do know that he did spend a lot of time on the Internet but I
15 did not do a formal evaluation of him.

16 Q. Dr. Greenfield, have you reviewed Mr. Melzer's Telegram
17 chat messages in this case?

18 A. I did review some of the messages in the case, yes.

19 Q. You believe you reviewed some but not all of the electronic
20 messages sent in this case?

21 A. I read a lot of -- I can't tell you whether I read
22 everything because I don't know that for a fact and I don't
23 want to misrepresent.

24 Q. You don't know, sitting here today, how much Mr. Melzer
25 used the Internet in May of 2020 compared to the average user,

M6M5mel3

Greenfield - Cross

1 correct?

2 A. No, I can't make that comparison.

3 Q. And you don't know if he has ever committed an act of
4 violence, do you?

5 A. No, I do not know that.

6 Q. Would that be a factor in drawing assumptions about the
7 defendant?

8 MS. WERNER: Objection.

9 THE COURT: You can answer the question.

10 THE WITNESS: I'm sorry?

11 THE COURT: You can answer the question.

12 THE WITNESS: I'm not sure I understand the question.

13 BY MS. RAVENER:

14 Q. Would it be a factor in your assumptions about the
15 defendant to know whether or not he had committed an act of
16 violence in the past?

17 A. If I were evaluating a patient and they committed an act of
18 violence, if you are asking me would that go into the process
19 of my evaluating them and my coming up with a diagnosis, the
20 answer is yes.

21 Q. Now, to be clear, because you didn't meet Mr. Melzer and
22 you have reviewed only selected portions of evidence in this
23 case, you can't diagnose Mr. Melzer as an Internet addict,
24 right?

25 A. No, I cannot formally diagnose him.

M6M5mel3

Greenfield - Cross

1 Q. And you can't diagnose him as a compulsive Internet user,
2 right?

3 A. Nope.

4 Q. And you can't diagnose him as a heavy Internet user, right?

5 A. Nope.

6 Q. But you, nonetheless, told defense counsel, based on your
7 assumptions, that Mr. Melzer was a stupid kid who got in over
8 his head, correct?

9 A. I do believe that. That's my opinion.

10 Q. So you formed an opinion about the evidence in this case
11 based on your own assumptions, correct?

12 A. My own opinions.

13 Q. Dr. Greenfield, you are aware that there is going to be a
14 trial in this case; right?

15 A. I -- yes, I am aware of that.

16 Q. And you understand evidence will be presented at that
17 trial, right?

18 A. I assume so, yes.

19 Q. You have not seen all of that evidence, correct?

20 A. I don't think so. I am assuming I haven't.

21 Q. And so, even though you are assuming you have not reviewed
22 all of the relevant evidence, you have never examined
23 Mr. Melzer, you have drawn conclusions and formed opinions
24 about this case, correct?

25 A. I have an opinion, yes.

M6M5mel3

Greenfield - Cross

1 Q. You formed that opinion as well without examining
2 Mr. Melzer's personal history, correct?

3 A. I know some of his history. I don't -- you are right, I do
4 not know everything. That's true.

5 Q. You know history about Mr. Melzer that was provided to you
6 by defense counsel; is that correct?

7 A. That is correct.

8 Q. And not from any information from Mr. Melzer himself,
9 correct?

10 A. No, I talked to Mr. Melzer.

11 Q. Oh, you did?

12 A. Yeah.

13 Q. How many times did you talk to Mr. Melzer?

14 A. It was one time but it was about an hour and a half, I
15 believe.

16 Q. I'm sorry, Dr. Greenfield, I thought your testimony earlier
17 was that you had not evaluated the defendant.

18 A. I didn't evaluate him. I talked to him.

19 Q. And the purpose of talking to the defendant was not to
20 evaluate him?

21 A. No, I was not doing an evaluation.

22 Q. So your opinion is also based on Mr. Melzer's own
23 representations to you about his conduct; is that right?

24 A. He made representations as to his Internet use patterns and
25 behavior, yes, and I suppose that would include his conduct;

M6M5mel3

Greenfield - Cross

1 yeah.

2 Q. I see. So that has been one of the factors that you
3 considered in forming your opinions, is the defendant's own
4 statements that were only disclosed to you and his lawyers; is
5 that right?

6 A. That's part of what informed my opinion in addition to what
7 I read.

8 Q. Dr. Greenfield, you often review case files and documents
9 and offer your expert opinion related to Internet and
10 technology use to assist in constructing a legal defense,
11 correct?

12 A. No. That's not correct.

13 Q. OK.

14 A. I don't -- I don't believe I said that I do that often and
15 I do it occasionally. I mean, I do not testify very often and
16 I have probably done 10 cases in my career, maybe 12 total. I
17 didn't know if that qualifies as often.

18 Q. One moment?

19 Dr. Greenfield, if I could ask you to look at
20 Government Exhibit 3 in your binder? And we will try to pull
21 that up on the screen for everyone for efficiency.

22 A. OK. Are you talking about the page from my website?

23 Q. So first of all, Government Exhibit 3, you recognize this
24 as a series of excerpts from your website?

25 A. Yes.

M6M5mel3

Greenfield - Cross

1 Q. Let's turn to page 2 of the exhibit and I will direct you
2 to paragraph 3 on that page --

3 A. OK.

4 Q. -- where you represent to the public that you -- quote --
5 often review case files and documents and offer your expert
6 opinion relating to Internet or technology use to assist in
7 constructing a legal defense.

8 Do you see that?

9 A. I do see that.

10 Q. Is it your testimony here today that your statements and
11 representations on your website are incorrect?

12 A. I don't know how I would use the word "often." I mean, I
13 have done it so -- I mean, I feel like you are splitting hairs
14 so I don't really know how to answer you.

15 Q. Well, Dr. Greenfield, I'm asking about your own statement
16 and whether it's truthful.

17 A. Yes. This website was constructed 12 years ago and,
18 frankly, I have not read it probably since it was put up. So
19 do I often do it? I don't know. I mean, I have done it enough
20 to say that I have done it many times. Would I declare that a
21 statement that would be equivalent to often? I don't know.
22 Probably not but -- so maybe that's a misword in that
23 particular case. I don't know. I really can't answer that.

24 Q. Would you say that 12 years ago you had less experience
25 than you do now?

M6M5mel3

Greenfield - Cross

1 A. Possibly.

2 Q. And you advertise that you help in achieving a reduction or
3 elimination of sentences for criminal defendants; is that
4 right?

5 A. Yeah. I have not done it -- I have done -- a lot of the
6 work that I do legally or have done has been with people who
7 have gotten in trouble with looking at child porn online so I
8 often consult with the attorneys and the patients to help in
9 those cases, so that's probably what I am referring to in that
10 case.

11 Q. And so you help reduce and eliminate sentences for criminal
12 defendants accused of participating in child pornography
13 offenses?

14 A. I typically am hired or have been hired by the defense to
15 write a report that they will use to help in either the plea
16 component or the sentencing.

17 Q. And you describe yourself as a defense witness to legal
18 counsel, correct?

19 A. In general I work more for the defense.

20 Q. And as we just discussed, the majority of those cases, in
21 your experience, relates to child pornography and sexual
22 behavior, correct?

23 A. I would say I have done more child porn cases than any one
24 category. The next category has been cases, like, these chat
25 cases. That's probably the second largest.

M6M5mel3

Greenfield - Cross

1 Q. We will talk about what you mean by these chat cases.

2 A. OK.

3 Q. Let's put that to the side.

4 A. OK.

5 Q. You conducted a survey in 1999, right?

6 A. I did.

7 Q. That was before the creation of Facebook, correct?

8 A. Yeah. I actually don't recall when Facebook was created
9 but that may be true.

10 Q. That was before the creation of Instagram, right?

11 A. That I know, yes.

12 Q. Before the creation of Discord, right?

13 A. I believe so.

14 Q. That was before the creation of Gab, right?

15 A. I believe so.

16 Q. That was before the creation of Telegram, right?

17 A. I'm fairly sure of that.

18 Q. And, today, billions of people around the world use the
19 Internet all the time, right?

20 A. All the time.

21 Q. You conducted this study more than 20 years ago, right?

22 A. Correct.

23 Q. And I believe you previously testified here today that you
24 viewed approximately nine to 15 years as extremely dated
25 information, correct?

M6M5mel3

Greenfield - Cross

1 A. I think that the -- I was referring to the DSM, yes, I do
2 think the DSM is outdated.

3 Q. And your study that you have been relying on here today, in
4 substantial part, is even older; right?

5 A. It is older.

6 Q. The study was conducted on ABCnews.com, right?

7 A. It was.

8 Q. It was added to the ABC news website alongside their cover
9 story on Internet use and addiction, right?

10 A. Well, that I actually don't recall that but that's very
11 possible.

12 Q. Well, we want to get it right, Dr. Greenfield. Is that
13 correct or not?

14 A. I can't answer that question.

15 MS. WERNER: Objection.

16 THE COURT: Thank you. I overrule the objection. I
17 accept the answer.

18 You can proceed, counsel.

19 BY MS. RAVENER:

20 Q. Well, we can take a look at what's been marked --

21 A. No, I believe you. I am just telling you I don't remember
22 that so I don't want to misrepresent what I remember.

23 Q. Dr. Greenfield, people chose to respond to the survey,
24 right?

25 A. They did.

M6M5mel3

Greenfield - Cross

1 Q. Right?

2 A. Yes.

3 Q. And people self-selected to answer your survey, right?

4 A. That is correct.

5 Q. And so you know that the fact that the survey was posted
6 along with an article on Internet addiction may have yielded
7 some bias in the responses, right?

8 A. Yes, but we did factor that into the statistical analysis.

9 Q. Well, that's because anyone who may be having difficulty
10 with their online use is likely to read a story about Internet
11 addiction, correct?

12 A. More likely, yes. But I don't think that that's entirely
13 accurate because we only got a 6 percent number who met the
14 criteria for addiction.

15 Q. Dr. Greenfield, the description that I just gave you about
16 the potential bias in your study, do you recall that that
17 description is the description you published in your article
18 about the study?

19 A. I don't know what you are saying right now so could you
20 clarify that, please?

21 Q. So Dr. Greenfield, let's take a look at what's been marked
22 as DG 4 at page 404. You testified earlier today that this was
23 the publication of your study; is that correct?

24 A. You mean the article that appeared in 1999?

25 Q. Take a look at DG 4 and tell us if you recognize that.

M6M5mel3

Greenfield - Cross

1 A. DG 4.

2 Q. In your binder it will be labeled D4, I will ask you to
3 turn to page 404, which is page 2 of the document.

4 A. Yes, I have it.

5 Q. OK. And I would like to turn you to the right-hand side of
6 the page. Do you see that this is where you wrote -- and I
7 quote -- the fact that the story was about Internet addiction
8 may have yielded some bias in the responses --

9 A. Yes.

10 Q. -- as we assumed that anyone who may be having difficulty
11 with their online use is likely to read a story about Internet
12 addiction.

13 A. Uh-huh. Yes. I agree.

14 Q. Well, you agree that that's true; correct?

15 A. Yes, of course there may be bias, but self-selection
16 appears in all behavior science research.

17 Q. Dr. Greenfield, I'm asking you is that what you published
18 in your study.

19 A. Yes. Obviously. Because I'm reading it.

20 Q. And is it accurate?

21 A. Well, if it is written it is.

22 Q. It was written by you, right?

23 A. It is. It was written by me.

24 Q. Dr. Greenfield, the study examined, in part, unique factors
25 involved with sexuality on the Internet; right?

M6M5mel3

Greenfield - Cross

1 A. Could you repeat that, please?

2 Q. The survey -- the 1999 survey --

3 A. Yes.

4 Q. -- examined, in part, unique factors involved with
5 sexuality on the Internet; right?

6 A. Yes. That was some of the questions.

7 Q. And it took only about 10 to 15 minutes to complete, right?

8 A. Yeah. In general, I think 15.

9 Q. And the survey asked, in essence, if people had ever lied
10 on the Internet, right?

11 A. Among other things, yes.

12 Q. And even one lie counted, right?

13 A. Yes.

14 Q. And any kind of lie counted, right?

15 A. Yeah. We didn't specify what the lie was; that's correct.

16 Q. And so, if you lied once about anything and you admitted it
17 on the survey then you count it as an Internet lie or for the
18 purposes of the study, right?

19 A. Yes.

20 Q. And you did not differentiate between people who lied once
21 and people who had lied frequently, right?

22 A. Actually, I don't know the answer to that so I don't want
23 to misrepresent. I would have to look at the data to really
24 answer that question.

25 Q. OK. Well, let's take a look at Government Exhibit 6 in

M6M5mel3

Greenfield - Cross

1 your binder and see if we can pull it up on the screen. I will
2 ask you to look at page 176, lines 10 through 15. Do you
3 recognize this as a transcript of your testimony under oath in
4 *United States v. D'Amelio* in this court house?

5 A. Could you tell me the page again, please?

6 Q. 176.

7 A. OK. Got it.

8 Q. I ask you to look at lines 10 through 15 on that page.

9 A. Yes. That's pretty much what we just said.

10 Q. Well, Dr. Greenfield, I believe you didn't answer the
11 question so let me ask it again.

12 A. OK.

13 Q. You did not ask questions that would differentiate between
14 people that lie sometimes and always, right?

15 A. That is correct.

16 Q. And in your survey, if somebody lied once or lied a lot
17 there was no way of differentiating that in your survey, right?

18 A. Well, can I just, before I answer that, I know that's what
19 it says here.

20 Q. Well, hold on a second, Dr. Greenfield.

21 Was it your testimony in *United States v. D'Amelio* --

22 A. Yes. That's what it says.

23 Q. -- that you did not differentiate?

24 A. That's what it says, correct.

25 Q. OK. And in that trial you were under oath the same exact

M6M5mel3

Greenfield - Cross

1 way that you are under oath here today?

2 A. Absolutely.

3 Q. As part of your survey and analysis you tried to tell what
4 people lied about most often, right?

5 A. Yes.

6 Q. And you found that people lied about their age?

7 A. They do, yes.

8 Q. They lied about their weight?

9 A. They do.

10 Q. They lied about their height.

11 A. They do.

12 Q. They told a lot of lies about physical appearance, right?

13 A. Yeah, their life circumstance; job. That sort of thing.

14 Q. They lied about how much money they earned, for example?

15 A. Education they lie about.

16 Q. And no matter what they lied about, a white lie or a
17 dangerous lie, you counted it the same way, right?

18 A. That is correct.

19 Q. And you published the results of that survey, right?

20 A. Yes. Uh-huh.

21 THE COURT: Sorry. Is that a yes?

22 A. Yes. Sorry.

23 Q. And you tried to include all the findings of that survey in
24 your publications, right?

25 A. Yes, I attempted to. You can't put everything in because

M6M5mel3

Greenfield - Cross

1 we had tens of thousands of data points so you put in the
2 pertinent points.

3 Q. Well, Dr. Greenfield, you have been testifying and talking
4 publicly about the survey results for 25 years, right?

5 A. Yes.

6 Q. And you published the article that we just looked at,
7 right?

8 A. Yes.

9 Q. You also published a book called "Virtual Addiction" and
10 another book called "Overcoming Internet Addiction for
11 Dummies," right?

12 A. That's correct.

13 Q. And your books also discuss the survey, right?

14 A. Yeah, they do, although my latest book doesn't really talk
15 about the survey a whole lot.

16 Q. It draws on the survey, correct?

17 A. Not in my opinion. It draws mostly on my clinical work
18 over the last 20 years. That was my attempt to do that.

19 Q. You have tried to include the salient interesting points
20 from the survey in your publications and explanations of the
21 survey, right?

22 A. Certainly in some of my articles, yes.

23 Q. And nowhere did you find that people lied about being a
24 criminal when they were really innocent, right?

25 A. OK. That, I lost you. So you are saying people --

M6M5mel3

Greenfield - Cross

1 Q. Your survey did not reveal when people lied and said they
2 were a criminal when, in fact, they were innocent; right?

3 A. I don't know that we asked that, so no. I would have no
4 way of knowing that.

5 Q. And your survey didn't find that people lied about being a
6 white supremacist when they really weren't, right?

7 MS. WERNER: Objection.

8 A. No.

9 THE COURT: Sorry. You can answer the question. I
10 accept the answer.

11 You can proceed.

12 A. We did not ask anything about white supremacy.

13 Q. And your survey didn't expose that, right?

14 A. No.

15 Q. And nowhere did you find that people lied about being a
16 terrorist when they really weren't, right?

17 A. We did not ask that question.

18 Q. You didn't make that finding, right?

19 A. We did not.

20 Q. But you found that about 50 percent of people admitted to
21 you that they had told a lie on the Internet at some point in
22 time, right?

23 A. That's correct.

24 Q. And that's because telling some kind of a lie on the
25 Internet is a very common experience, right?

M6M5mel3

Greenfield - Cross

1 A. I believe it is, yes.

2 Q. And common lies continue to be about someone's physical
3 appearance, right?

4 A. I say that that's among the more common lies, yes.

5 Q. By the way, Dr. Greenfield, those people who said they were
6 liars, admitted they were liars in your survey; for your
7 purposes you credited them as telling you the truth, right?

8 A. Yes.

9 Q. And you assumed that although they all lied online they
10 were all telling you the truth when you gave them an online
11 survey?

12 A. Yes, I did assume that.

13 Q. And it's been your testimony here today that you assume
14 everyone who goes online lies but you did not apply that
15 assumption in evaluating the data in your 1999 survey, did you?

16 A. Well, that's not entirely true. We did put things in the
17 survey that would attempt to minimize lying. We can't
18 eliminate it but we did try because we were aware, of course,
19 of what you are talking about that people lie a lot online so
20 maybe they would lie on the survey too. We just didn't think
21 that there would be any payoff in them lying on the survey as
22 opposed to when they're trying to garner a favorable impression
23 since we had no direct contact with the individuals, so our
24 assumption was there would be less motivation to lie.

25 Q. And that's because you assume that people tend to lie when

M6M5mel3

Greenfield - Cross

1 they think they could gain something positive from it, right?

2 A. I think it is more likely that if they feel like it will
3 put them in better stead to who they're lying to that it is
4 more likely they'll lie.

5 Q. Because they want to be casting themselves in a better
6 light, right?

7 A. I would agree with that.

8 Q. Based on this survey of yours you decided that people lie
9 online more often than in real life, correct?

10 A. That's my belief, yes.

11 Q. You decided that approximately 50 percent of users on the
12 Internet admit to lying or misrepresenting facts online with
13 regularity, correct?

14 A. Yes.

15 Q. And you decided that it is often difficult to separate
16 reality from fantasy on the Internet, right?

17 A. That is correct.

18 Q. You decided that the Internet is a forum where it can be
19 difficult or impossible to discern what is true or real from
20 what is false, fictitious or fanciful, right?

21 A. I believe that to be true.

22 Q. You decided that Internet users often assume their online
23 speech has no real world consequences, right?

24 A. Well, I don't know that I would go that far but I think
25 that that's -- I think people act as if there is no real world

M6M5mel3

Greenfield - Cross

1 consequences at times online, yes.

2 Q. Well, Dr. Greenfield, let's be specific about that.

3 A. OK.

4 Q. Are you familiar with the defense's notice of you in this
5 case?

6 A. The defense's notice of me?

7 Q. Are you aware that the defense has represented to the Court
8 that your testimony will include that Internet users often
9 assume that their online speech has no real world consequences?

10 A. Yes, I did see that.

11 Q. And that is not accurate; is that what you are saying?

12 A. No, I'm not saying it is not accurate. I think that there
13 is an assumption that there is less likelihood that it will
14 have real world consequences. I can't say that it is none but
15 I would say it's much less.

16 Q. And that's based on your opinion, right?

17 A. Absolutely.

18 Q. You have decided that people using the Internet must be
19 even more likely to engage in fantastical or role playing
20 behaviors and discussions, right?

21 A. That is true. It is a modality that really lends itself to
22 that.

23 Q. Well, that's your opinion; correct?

24 A. Well, I don't think it is just my opinion but that is my
25 opinion.

M6M5mel3

Greenfield - Cross

1 Q. You draw those conclusions based on your 1999 study,
2 correct?

3 A. Among other things, yes.

4 Q. As well as your clinical practice, right?

5 A. Yes.

6 Q. Where you hold yourself out as an expert in Internet
7 addiction, correct?

8 A. Yes. It's also in addition to my review of the literature
9 and my interaction at conferences with some of the preeminent
10 experts -- actually many of the preeminent experts in the world
11 on this subject. So we do share data and information.

12 Q. So let's talk about the literature. Right around the same
13 time as your studies, other studies concluded that people lie
14 just as frequently in person as you found they did online,
15 right?

16 A. I'm not familiar with that study but I believe you found
17 something that says that.

18 Q. Well, Dr. Greenfield, you were just telling us that your
19 opinion is informed, in part, by your review of the relevant
20 literature; right?

21 A. I did not read that particular study.

22 Q. Well, in order to assess whether people lie more online
23 than in real life you also need to know how often people lie in
24 real life; right?

25 A. Well, yeah. I think I know what you are saying but that

M6M5mel3

Greenfield - Cross

1 doesn't mean that one study that says that people lie -- I
2 don't agree with that finding but I did not read that
3 particular study so I can't tell you.

4 Q. So let's be clear, Dr. Greenfield. You have not conducted
5 your own study on how often people lie in face-to-face
6 interactions, correct?

7 A. That is correct.

8 Q. And you have told us that you need to review the literature
9 in order to make sure what you say is valid and credible,
10 right?

11 A. Yes, I do review the literature, yes.

12 Q. But you don't review all the literature that disagrees with
13 you, right?

14 A. You cannot possibly read everything that's ever been
15 written on a subject. It is not -- not only is it not
16 practical, it is not possible.

17 Q. Dr. Greenfield, you drew, you made a decision, you formed
18 an opinion that people lie more often online than in real life
19 without having data about how often people lie in real life in
20 face-to-face interactions, correct?

21 A. That is true.

22 (Continued on next page)

M6mWme14

Greenfield - Cross

1 BY MS. RAVENER:

2 Q. And in fact, studies show that right around the same time
3 that you conducted your study, people lied just as frequently
4 in person as you found they did online, right?

5 A. Well, that's what you're telling me.

6 Q. Well --

7 A. I haven't read that study, so -- but I believe you.

8 Q. OK. Have you been informed about a united -- sorry, a
9 University of Massachusetts psychologist who conducted an
10 experiment in 2002, approximately, and found that 60 percent of
11 people lie at least once during a ten-minute face-to-face
12 interaction?

13 A. Oh, I agree with you. People lie all the time. I just
14 think they lie more online.

15 MS. RAVENER: Your Honor, we would mark Government
16 Exhibit 23, and we would ask that the Court take judicial
17 notice of that survey, that description of that study.

18 THE COURT: Thank you.

19 Counsel for defendant.

20 MS. WERNER: I object. I haven't seen the study
21 they're talking about.

22 MS. RAVENER: This is a study that was provided
23 previously to defense counsel in our submissions.

24 THE COURT: Thank you.

25 Counsel for defendant, it's also, I understand, tab 23

M6mWme14

Greenfield - Cross

1 in the government's binder.

2 MS. RAVENER: That's correct, Judge.

3 MS. WERNER: I would object to that being admitted,
4 your Honor. Dr. Greenfield's testified --

5 I apologize. May I remove my mask, your Honor?

6 THE COURT: Thank you.

7 Just a few brief responses.

8 First, please do use the microphone.

9 Unfortunately, I can't allow you to take off your mask
10 there. The rules allow me to do it so long as there's no
11 witness in the box. And the witness and the questioner can do
12 so. But unfortunately, I can't allow you to do that consistent
13 with our rules.

14 MS. WERNER: Understood, your Honor.

15 THE COURT: The request is that I take judicial notice
16 of it. Counsel for the United States is not taking the
17 position that this witness is in a position to authenticate it.

18 MS. WERNER: Understood, your Honor.

19 THE COURT: Thank you.

20 So what's your response?

21 MS. WERNER: Your Honor, I still object to it coming
22 in as to relevance.

23 THE COURT: Thank you.

24 Is the basis for the objection relevance?

25 MS. WERNER: Yes, your Honor.

M6mWme14

Greenfield - Cross

1 THE COURT: Thank you.

2 I accept it. You can proceed.

3 MS. RAVENER: Thank you, your Honor.

4 Q. And Dr. Greenfield, are you familiar with the Journal of
5 Basic and Applied Social Psychology?

6 A. I'm familiar with the name. I don't subscribe to that
7 particular journal.

8 Q. It's a peer-reviewed journal, correct?

9 A. Yeah. I'm assuming it is, yes.

10 Q. Dr. Greenfield --

11 A. It's not a main -- it's not one of the main journals, but
12 I'm -- I've heard its name.

13 Q. Dr. Greenfield, Human Communication and Research, that's
14 also a peer-reviewed journal in your field, right?

15 A. Yup, I've heard of that too.

16 Q. And so you're aware that there's also been studies that
17 show that on average Americans tell one to two lies per day
18 regardless of whether they're on the internet or in person?

19 A. I haven't read that study, but that does not surprise me at
20 all.

21 Q. And in fact, the same study showed that approximately 40
22 percent of people self-reported telling a lie in just a 24-hour
23 period, including in person and over the internet, right?

24 A. That does not surprise me.

25 MS. RAVENER: Your Honor, on the same basis, we ask

M6mWme14

Greenfield - Cross

1 that the Court take judicial notice of Government Exhibit 24.

2 THE COURT: Thank you.

3 Counsel for defendant.

4 MS. WERNER: Your Honor, I object. I don't believe
5 the government has established the reliability of this journal
6 article. They simply asked about it and ask the Court to take
7 judicial notice.

8 THE COURT: Thank you.

9 Counsel for the United States.

10 MS. RAVENER: Your Honor, Dr. Greenfield's confirmed
11 that this is a document from a peer-reviewed journal. We
12 provided it to defense counsel as well as included it in our
13 briefing, and Dr. Greenfield's testimony is that it is
14 necessary to review the available literature in order to
15 validate his conclusions. We believe it's relevant for those
16 purposes.

17 THE COURT: Thank you. Understood.

18 Counsel for defendant, any further argument?

19 MS. WERNER: Briefly, your Honor.

20 I don't take Dr. Greenfield to be saying that he is
21 familiar with these specific articles; simply that he's heard
22 the names of these journals. I don't think he is establishing
23 the reliability of these particular articles by any means.

24 THE COURT: Good. Thank you.

25 On the basis of that argument, I'm going to sustain

M6mWme14

Greenfield - Cross

1 the objection both as to this and as to the prior exhibit,
2 which I previously said I accept. But the defense has raised
3 an objection beyond relevance.

4 Counsel, you can move on. I understand the point.

5 MS. RAVENER: Thank you, your Honor.

6 Q. Dr. Greenfield, you're aware that studies show that most
7 people think deception is prevalent on the internet, correct?

8 A. I'm not familiar with a particular study, but I think -- in
9 general, I would say you're correct that people assume that
10 there is a fair amount of deception online.

11 Q. Well, Dr. Greenfield, let's be specific. In connection
12 with your preparation for this case, you provided defense
13 counsel with a study that showed that people indeed held
14 opinions that deception was prevalent on the internet and that
15 it is easy to lie without being caught, correct?

16 A. Yeah, that's accurate.

17 Q. But studies show that there is actually a relatively low
18 level of reported personal experience with online deception,
19 correct?

20 A. I'm -- which study are you referring to? The --

21 Q. Dr. Greenfield, you provided defense counsel --

22 A. No, no.

23 Q. -- article?

24 THE COURT: I'm sorry. I'm sorry. Let counsel for
25 the United States finish their question.

M6mWme14

Greenfield - Cross

1 Please go on.

2 BY MS. RAVENER:

3 Q. Dr. Greenfield, you provided defense counsel with an
4 article in connection with your preparation for testimony in
5 this case?

6 A. Yes.

7 Q. That stated that there is actually a relatively low level
8 of reported personal experience of online deception, correct?

9 A. I mean that's correct, but that doesn't surprise me.

10 Q. So the misconception that people hold is actually that
11 lying is prevalent on the internet when, in fact, it is less
12 common than people think it is, right?

13 A. No, that's not what that's saying. I think that there may
14 be plenty of lying but that people may not believe that people
15 are lying. I believe there's tons of lying that go on online,
16 that goes on online.

17 Q. Dr. Greenfield, you provided defense counsel with a link to
18 an article published in a peer-reviewed journal called Cyber
19 Psychology and Behavior, correct?

20 A. Yeah, that's one of the journals that I published in as
21 well.

22 Q. And --

23 A. I don't know which article you're referring to, though.

24 Q. You provided defense counsel with an article entitled
25 "Online Deception: Prevalence, Motivation, and Emotion,"

M6mWme14

Greenfield - Cross

1 correct?

2 A. OK. Yes.

3 Q. And if I can ask you to turn to page -- I'm sorry.

4 Turn to Government Exhibit 21, and look at page 58 of that
5 document. First of all, do you recognize this as the
6 article --

7 A. Yes.

8 Q. -- that you supplied to defense counsel?

9 A. Yes.

10 Q. OK. If I can ask you to turn to the first full sentence of
11 page 58, that article stated that: "People indeed held the
12 opinion that deception was prevalent on the internet and that
13 it is easy to lie without being caught. Most, however,
14 reported that they themselves did not deceive and that few, if
15 any, attempts were made by others to deceive them.

16 Interestingly, despite the relatively low level of reported
17 personal experience of online deception, people still hold the
18 notion that online deception is widespread."

19 Do you see that?

20 A. I do.

21 MS. RAVENER: Your Honor, we would offer Government
22 Exhibit 21, which was supplied by Dr. Greenfield in this case
23 to the defense.

24 THE COURT: Thank you.

25 Counsel.

M6mWme14

Greenfield - Cross

1 MS. WERNER: No objection.

2 THE COURT: Thank you.

3 I'm accepting it.

4 Please proceed.

5 BY MS. RAVENER:

6 Q. And so, in reality, Dr. Greenfield, studies show that
7 people lie online approximately as often as they do in person,
8 correct?

9 A. Well, this study certainly says that.

10 Q. Dr. Greenfield, it's been your testimony that you also draw
11 on your clinical practice in forming your opinions, right?

12 A. Yes.

13 Q. And again, you hold yourself out as a specialist in
14 internet addiction, right?

15 A. I do.

16 Q. And you ask your patients, almost all of them, I believe
17 you said, about their internet use?

18 A. As part of a routine workup when I have a new patient, I
19 ask about everything in their life, including their internet
20 use.

21 Q. And so when you review your files, you're looking primarily
22 at people who have sought your help because they use the
23 internet too much, right?

24 A. No, that's not correct, because about 30 to 35 percent of
25 the patients I see don't have an issue with the internet, so

M6mWmel4

Greenfield - Cross

1 they're seeking treatment for other psychiatric reasons.

2 Q. But you still question them about their internet use?

3 A. I do, along with gambling, alcohol, drugs. Everything.

4 Q. And that would still leave about 60 to 70 of your patients
5 who do come to you because they're seeking treatment for
6 internet addiction or related --

7 A. That is correct.

8 Q. So that would be the majority, right?

9 A. Definitely the majority.

10 Q. To be clear, Ethan Melzer was not one of those people,
11 right?

12 A. No, he was not a patient.

13 Q. You met with him, right?

14 A. Yes.

15 Q. You questioned him about the case, right?

16 A. Yes.

17 Q. You questioned him about his internet use, right?

18 A. Correct.

19 Q. But it's your testimony that you never evaluated him?

20 A. I did not.

21 Q. You also use your own personal experience with the internet
22 as a factor in forming your opinions, correct?

23 A. In part, yes. It's not what I base my theories on, but
24 every person that publishes and every scientist that does
25 research is always looking at their own behavior in addition to

M6mWme14

Greenfield - Cross

1 the people that they study.

2 Q. Well, that's your opinion, right, Dr. Greenfield?

3 A. It is.

4 Q. There are some people who study individuals or behavior
5 that they don't engage in themselves, right?

6 A. Oh, yes, of course.

7 Q. Whereas the behavior of internet use is something that's
8 common to everyone in this courtroom?

9 A. Absolutely.

10 Q. Right?

11 A. Very much so.

12 Q. And so you also apply your personal experience and opinions
13 to your analysis, right?

14 A. Yes. But I would not say that that's what I base all of my
15 conclusions on.

16 Q. Dr. Greenfield, you have not specifically conducted any
17 studies on the use of Telegram, correct?

18 A. No, I have not.

19 Q. You have not specifically conducted any studies on the use
20 of what's called encrypted applications, right?

21 A. No, I have not.

22 Q. You understand that those are platforms where users can
23 communicate with additional privacy, right?

24 A. Yes, but ultimately trackable and traceable.

25 Q. Well, Dr. Greenfield, you understand that not even the

M6mWme14

Greenfield - Cross

1 hosting company can see the messages that they exchange, right?

2 A. That's correct. But they'll --

3 Q. End-to-end encryption, correct?

4 A. Yeah, I'm aware of it, and I've also seen ways that people
5 crack through it. So yes, but you're correct.

6 Q. You have not studied those people's behavior as applied to
7 those particular encrypted platforms, right?

8 A. No.

9 Q. And you have not studied how such behavior might compare,
10 if at all, to other online behavior, right?

11 A. No, I have not.

12 Q. And you haven't studied how that behavior might compare to
13 off-line or in-person behavior, right?

14 A. That is correct.

15 Q. And by the way, Dr. Greenfield, today people use the
16 internet for work, right?

17 A. Yes.

18 Q. Some people use it for remote work, right?

19 A. Yes.

20 Q. And so there are people who have jobs where the work they
21 do is solely with people they've met online, right?

22 A. Yes.

23 Q. And people use the internet for dating, right?

24 A. Yes.

25 Q. Making friends, right?

M6mWme14

Greenfield - Cross

1 A. Yes.

2 Q. Keeping in touch and making plans with people they know,
3 right?

4 A. All true.

5 Q. And virtually everyone has a cell phone, right?

6 A. Yes.

7 Q. And I believe that was your testimony earlier, that
8 virtually everyone misses it when it's gone?

9 A. Yes.

10 Q. And that doesn't mean that we all aren't responsible for
11 our behavior when using the internet, correct?

12 A. I think we're always responsible for our behavior.

13 Q. Dr. Greenfield, you testified earlier today that you,
14 quote, can't know whether someone is lying on the internet
15 because there is no way to validate it, right?

16 A. Ultimately, you can never really prove a lie unless you
17 have other sources of data to confirm it.

18 Q. Well, Dr. Greenfield, you're aware that this is a criminal
19 case, right?

20 A. Oh, yes.

21 Q. And you're aware that there is going to be a criminal
22 trial, right?

23 A. I am.

24 Q. And you expect that evidence will be introduced at that
25 trial, right?

M6mWme14

Greenfield - Cross

1 A. Yes, I do assume that.

2 Q. And you would expect that that evidence would address what
3 happened in this case, right?

4 A. Yes.

5 Q. And you would expect that that evidence would address
6 whether information is a truth or a lie, correct?

7 A. I would assume so, yes.

8 Q. So you are not in a position to say whether or not the
9 jury, for example, can't know whether someone is lying because
10 there's no way to validate it, right?

11 A. You ultimately cannot know whether somebody is lying or not
12 unless you have other sources of data to support that.

13 Q. And a criminal trial is designed to provide those other
14 sources of data, isn't it?

15 MS. WERNER: Objection.

16 THE COURT: You can answer the question.

17 A. I -- I -- I mean I'm not an attorney, but I assume a
18 criminal trial is to present all the facts such that the jury
19 can draw their own conclusion.

20 Q. And Dr. Greenfield, you examined, you said, some of the
21 chats in this case, right?

22 A. Yes.

23 Q. But you didn't examine all of the --

24 A. I mean I can't tell you whether I examined all of them. I
25 did read through probably four or five hours' worth.

M6mWme14

Greenfield - Cross

1 Q. And you have not examined all the evidence in this case,
2 right?

3 A. No. I'm assuming that there's stacks of evidence that I
4 haven't seen.

5 Q. You haven't examined evidence supplied by the United States
6 military, have you?

7 A. No, I have not. Well, I mean I don't -- I actually don't
8 remember. I can't answer that question.

9 Q. You don't know what evidence you looked at and what you
10 didn't?

11 A. I don't -- I mean it's been a while since I looked at it,
12 so I don't remember everything I've read.

13 Q. But you expect that you weren't provided with all of the
14 evidence, right?

15 A. I would assume that.

16 Q. And yet, again, you felt comfortable forming an opinion,
17 right?

18 A. I'm not forming an opinion as to the defendant's guilt or
19 innocence. I'm forming an opinion based on what I think is
20 going on with his internet use. I'm not saying --

21 Q. Dr. Greenfield, let's pause there. You are forming an
22 opinion based on this defendant's internet use. Is that your
23 testimony today?

24 A. I'm talking about internet use in general. And then I have
25 an opinion about -- yeah, I have an opinion about some of his

M6mWme14

Greenfield - Cross

1 internet use. I can't tell you whether he's innocent or
2 guilty, though.

3 Q. But your testimony is not that he's an internet addict,
4 right?

5 A. I can't define that because I didn't evaluate him.

6 Q. And your testimony is that he does not display any other
7 cognizable, recognized medical diagnosis related to the use of
8 the internet, correct?

9 A. I have a hunch that he was a pretty good internet -- heavy
10 internet user, but I can't define that definitively. I can't
11 say that definitively because I did not do a formal evaluation.

12 Q. And so, Dr. Greenfield, you're testifying in court here
13 today based on your hunch, is that right?

14 MS. WERNER: Objection.

15 THE COURT: You can answer the question.

16 A. No, I'm not -- I said that about a specific question you
17 said. I'm certainly not here just talking about hunches. I
18 think what I'm talking about is based on a lot of experience
19 and a lot of science. I'm talking about the specific issue
20 with regard to the defendant that you asked me about.

21 Q. The defendant you didn't evaluate?

22 A. I did not evaluate him for what -- I did not diagnose him
23 and do a full evaluation, that's correct.

24 Q. You testified about the idea of disinhibition, right?

25 A. Yes.

M6mWme14

Greenfield - Cross

1 Q. You think disinhibition applies to everyone using the
2 internet, right?

3 A. I think that it's a pretty universal construct, but not
4 everybody. Not -- I would -- you know, based on my original
5 research, a percentage of people experience it, but not
6 everybody.

7 Q. Disinhibition is the ability to express yourself in ways
8 that you are not normally able to do, right?

9 A. Yeah, roughly.

10 Q. And it can be an exciting freedom to express yourself,
11 right?

12 A. Yes.

13 Q. And in part, because of disinhibition, people express their
14 innermost thoughts and feelings, right?

15 A. I don't know that for a fact, but I think that that's a
16 reasonable statement.

17 Q. Well, Dr. Greenfield, in your book, you published that
18 statement -- that people express their innermost thoughts and
19 feelings on the internet because of disinhibition?

20 A. Yeah.

21 Q. Is that right?

22 A. I think that that's a reasonable thing to say, yes, but I
23 can't tell you that that's -- I can't tell you definitively
24 that everything that people talk about on the internet
25 represents their innermost thoughts and feelings. But it is a

M6mWme14

Greenfield - Cross

1 lot easier to express your innermost thoughts and feelings on
2 the internet.

3 Q. Dr. Greenfield, everyone reveals things about themselves or
4 feeling judged or accountable on the internet, right?

5 A. I'm not sure what you're asking.

6 Q. Well, Dr. Greenfield, you've written that -- in a published
7 book, that everyone reveals things about themselves without
8 feeling judged or accountable on the internet, right?

9 A. I think that that's a common experience, yes, especially on
10 chats and social media platforms.

11 Q. And that's because on the internet, in your view, the
12 normal self-control and filtering that occurs in the real-time
13 world is absent, right?

14 A. Yes.

15 Q. You can go ahead and reveal aspects of your life which you
16 might not ordinarily share with anyone, not even a spouse,
17 right?

18 A. Yes.

19 Q. And by the way, Dr. Greenfield, that would be especially
20 true for people who wanted to do deeply unpopular things,
21 right?

22 A. I -- I can't say that I know -- I mean I suppose. I don't
23 know that for a fact, but I would -- if you're asking me can
24 people -- well, tell me what you're asking me, because I want
25 to make sure that I answer it accurately.

M6mWme14

Greenfield - Cross

1 Q. Well, Dr. Greenfield, we were talking about disinhibition.

2 A. Correct.

3 Q. Right?

4 A. Yes.

5 Q. And how, on the internet, people feel free to reveal
6 aspects of their life which they might not ordinarily share,
7 even with people very close to them, right?

8 A. Yes.

9 Q. And that would be especially true for people who wanted to
10 do things that other people might disapprove of, right?

11 A. I don't know that for a fact. I think that's -- that's a
12 theory based on what you're saying. But you're -- what you're
13 saying is that they would use the internet platform because of
14 its anonymity and the disinhibition if they had a desire to
15 talk about or do something that would be unacceptable or
16 illegal or -- is that what you're saying?

17 Q. Sure.

18 A. I don't know that to be true.

19 Q. Well, Dr. Greenfield, if a person had a space like the
20 internet where they could be -- have an exciting freedom to
21 express themselves --

22 A. Yes.

23 Q. Right?

24 A. Yes.

25 Q. -- in an anonymous way, or what they thought was

M6mWme14

Greenfield - Cross

1 anonymous --

2 A. Yes.

3 Q. Right?

4 A. Right.

5 Q. -- that would be especially true for someone, for example,
6 who wanted to join a hate group?

7 A. I think that the internet allows a sense of anonymity and
8 freedom that is not experienced in other modalities.

9 Q. And so that would be especially appealing to someone who
10 wanted to commit acts of violence with a hate group, right?

11 A. It might be.

12 Q. You know that research has shown that internet anonymity
13 enhances self-disclosure and honesty, right?

14 A. It -- yes, it does. It also facilitates people lying. So
15 I don't know how to square those two things, but I hear you.

16 Q. Well, Dr. Greenfield, is it true that research has shown
17 that internet anonymity enhances self-disclosure and honesty?

18 A. It does.

19 Q. And Dr. Greenfield, you also talked about accelerated
20 intimacy, correct?

21 A. I did.

22 Q. And you think that accelerated intimacy is something that
23 happens to a lot of people using the internet, right?

24 A. Yes.

25 Q. Almost everyone, right?

M6mWme14

Greenfield - Cross

1 A. It's a frequent experience.

2 Q. And you know many individuals who establish successful
3 relationships with people they met over the internet?

4 A. Oh, yes, I do know that.

5 Q. And you know, because it's your theory, that people --
6 because people communicate on the internet through typewritten
7 messages, they will reveal aspects of themselves to others in a
8 more open and forthright manner, right?

9 A. Yes, that's true, but those -- the data also shows that
10 relationships that start online or marriages that start online
11 are no better off as a result of that. In other words, they
12 have the same result of dissolution and divorce.

13 Q. That's not my question, Doctor.

14 A. OK. Well, then ask it again.

15 Q. Let me ask it again.

16 A. I'll try better.

17 Q. It is your theory that because people communicate on the
18 internet through typewritten messages, they will reveal aspects
19 of themselves to others in a more open and forthright manner,
20 correct?

21 A. That is accurate.

22 Q. And in fact, there appears to be a greater trust and
23 perceived honesty in what is communicated when it is written as
24 opposed to other forms of communication, correct?

25 A. Yes, I believe I said that.

M6mWme14

Greenfield - Cross

1 Q. Dr. Greenfield, people also use the internet to commit
2 illegal acts while hiding their identity, correct?

3 A. Yes.

4 Q. Acts like bomb making?

5 MS. WERNER: Objection.

6 THE COURT: Thank you.

7 You can proceed, counsel.

8 A. I mean I have not been involved in that, but I'm assuming
9 that that's true.

10 Q. Well, I don't want you to draw any assumptions,
11 Dr. Greenfield. Let's look at DG 0, defense exhibit 9, page
12 40. Do you recognize that as your manuscript?

13 A. Say it one more time. Where am I going?

14 Q. D9 at page 40.

15 A. OK. I got it.

16 Q. OK. And do you see before the break in the heading -- this
17 is your book, right, or a manuscript of yours?

18 A. Oh, yes. You're referring to the sentence where I say --
19 but I'm using that as an example. I'm not specifically saying
20 that that occurred or that I was aware of that occurring.

21 Q. Well, Doctor, this is your book, right?

22 A. Yes, it is.

23 Q. And you tried to publish accurate things in the book,
24 right?

25 A. Yeah.

M6mWme14

Greenfield - Cross

1 Q. So you wrote in your book: "I'm sure that the net privacy
2 has also contributed to the popularity of many websites,
3 including gambling, adult shopping sites. There are darker
4 sides to anonymity, such as in the case of protecting illegal
5 or antisocial acts, like bomb making."

6 A. Yes.

7 Q. Right?

8 A. I agree with that.

9 Q. And you wrote that in your book about Virtual Addiction,
10 right?

11 A. I did do that.

12 Q. And Doctor, you're aware of cases where people have used
13 the internet to carry out violent acts, including murder and
14 rape, right?

15 A. Yes, I am aware of that.

16 Q. And by the way, Doctor, people sometimes tell lies online
17 in order to commit crimes, correct?

18 A. I -- I would have to assume that that's correct, yes.

19 Q. Dr. Greenfield, you also testified today that internet use
20 delivers a dopamine hit to a person's brain, correct?

21 A. Yes.

22 Q. And you testified that that happens to everyone, right?

23 A. Yes. I mean I didn't examine everybody, but I think it's a
24 fairly safe assumption.

25 Q. And dopamine is a neurotransmitter that makes people feel

M6mWme14

Greenfield - Cross

1 pleasure, right?

2 A. Yeah.

3 Q. Makes them feel happy?

4 A. It's an excitatory neurotransmitter, yes.

5 Q. And it makes people feel happy, right?

6 A. Happy or just lifted slightly. I mean it doesn't make
7 people walk around giddy and, you know, laughing and smiling.

8 Q. It's a good feeling, correct?

9 A. Definitely a better feeling than other things.

10 Q. And you testified that when someone even gets in their car
11 to head to a casino, if they're the kind of person who enjoys
12 going to a casino, they're going to feel a dopamine hit right
13 then and there, right?

14 A. You bet.

15 Q. Just for the anticipation, right?

16 A. That is correct.

17 Q. And so it's also true that if someone is planning to go
18 conduct a bank robbery and they get in the car to do it,
19 they're going to feel a dopamine hit too, correct?

20 A. I suppose so.

21 Q. And so, in your view, if a person is using the internet to
22 consistently view material relating to violence, that will give
23 them pleasure, right?

24 A. No, I can't assume that, because I don't know -- that's
25 assuming that they develop pleasure from violence.

M6mWme14

Greenfield - Cross

1 Q. Well, Dr. Greenfield, isn't it your testimony that internet
2 use for all of us delivers a dopamine hit to the brain?

3 A. It does.

4 Q. And so a person's selected content will deliver that
5 pleasurable feeling for them, right?

6 A. I suppose if the person was excited or elated from acts of
7 violence or criminal behavior, that that would be the case.

8 Q. And so, for someone, for example, who wanted to carry out
9 acts of violence or engage in criminal behavior, seeing
10 violence on the internet would give them pleasure, right?

11 A. Yes, I believe that's true.

12 Q. And seeing even more extreme violence would give them
13 additional pleasure, right?

14 A. I think that's a reasonable assumption.

15 Q. Dr. Greenfield, in your opinion, posting content on the
16 internet and receiving social validation also increases
17 dopamine levels, right?

18 A. Yes, very much.

19 Q. And to be clear, you have not personally conducted any
20 study that shows the transmission of dopamine in response to
21 internet use, correct?

22 A. Well, the only way you can do a study like that is through
23 a scan, and I've not done a scan study. I've read the scan
24 studies, but I've not done them.

25 Q. You have not conducted --

M6mWme14

Greenfield - Cross

1 A. I have not conducted a scan study.

2 Q. And you wouldn't be authorized to conduct such a study,
3 because you're not a medical doctor, right?

4 A. No, that's actually not true. I mean I'm not a medical
5 doctor, but psychologists do scan studies all the time.

6 Q. But without conducting a study of your own, you've decided
7 that compulsive internet use causes quasi involuntary behavior,
8 right?

9 A. Yes. I -- I mean I'm not sure -- in what context are you
10 asking that question? Can you rephrase the question? Sorry.

11 Q. Doctor, is it your opinion that -- have you decided that
12 compulsive internet use, in your view, causes quasi involuntary
13 behavior?

14 A. I think that it -- yeah. I mean I think it -- it feeds
15 unconscious or more automated behavior, yeah. So I guess that
16 would be quasi -- the word you used, yeah.

17 Q. Well, you're aware that the defense has represented that
18 you're going to speak about that in this case, right?

19 A. Yes, I am aware of that.

20 Q. OK. What study is that based on?

21 A. I don't know what study that's based on particularly. I
22 think that --

23 Q. Dr. Greenfield, I don't have a question pending. Please
24 wait for the question.

25 A. OK. Sorry.

M6mWme14

Greenfield - Cross

1 Q. Dr. Greenfield, without conducting a study to examine the
2 brain, you've also decided that the internet causes the
3 clouding of a user's judgment, right?

4 A. Yes, I do assume that. Not in every case, but I think that
5 it does cloud people's judgment based on my experience with the
6 people that I've worked with.

7 Q. And you think that's true for everyone?

8 A. No, I can't say it's true for everyone, because I've not
9 evaluated everyone.

10 Q. And you haven't evaluated the defendant, correct?

11 A. I have not evaluated the defendant.

12 Q. So you can't say it's true for him --

13 A. I cannot.

14 Q. -- correct?

15 A. No, I cannot.

16 Q. By the way, Dr. Greenfield, you've offered these opinions
17 about the clouding of judgment or involuntariness of someone's
18 response, for example, in a lawsuit brought against Apple, is
19 that right?

20 A. Yeah, I was asked, I think, to comment on -- I mean that
21 was a long time ago. I don't even remember what I said in that
22 case.

23 Q. That case has an opinion from 2017, which was five years
24 ago, is that right?

25 A. Yeah.

M6mWme14

Greenfield - Cross

1 Q. Long time for you?

2 A. It is when you're 66.

3 Q. A lot more recent than your 1999 study, though, correct?

4 A. Apparently. I don't even remember doing it, but I -- I
5 know that there was a lawsuit against Apple. I don't think it
6 went anywhere.

7 Q. Well, you provided an opinion that a distracted driver was
8 not responsible for their conduct because when she received a
9 notification on her iPhone, she responded to an automatic
10 neurobiological compulsion to read the message. Do you recall
11 providing --

12 A. Yes.

13 Q. -- that opinion?

14 A. And I think that does occur.

15 Q. Yeah. And you said that lawsuit didn't go anywhere, is
16 that right?

17 A. I don't know where it went. I was never told after that.

18 Q. Yeah. Well, that's because the court determined that those
19 allegations were clearly frivolous and advanced a claim or a
20 defense that was not legally sufficient on their case, correct?

21 MS. WERNER: Objection.

22 THE COURT: Thank you.

23 A. I actually --

24 THE COURT: Sorry.

25 You can answer the question.

M6mWme14

Greenfield - Cross

1 THE WITNESS: OK.

2 A. I was not aware of that outcome.

3 Q. Are you aware of it now?

4 A. Because you told me.

5 Q. Would you like to take a look at the opinion?

6 A. No. I believe you.

7 MS. RAVENER: Your Honor, I'd like to provide the cite
8 to the Court.

9 THE COURT: Thank you.

10 MS. RAVENER: This is *Meador v. Apple, Inc.* The cite
11 is 2017 WL 3529577. And Dr. Greenfield's opinions are
12 discussed at approximately page 5.

13 Q. Dr. Greenfield, you've also decided, without any
14 examination of the brain yourself, that the internet causes the
15 loss of one's ability to discern fantasy from reality, is that
16 right?

17 A. Well, I do -- not in everybody, but it has the capacity to
18 do that, yes. And I don't know what you mean by not examining
19 the brain. You mean, like, doing dissections of people's
20 brains, or you're --

21 Q. Well, we talked, for example, about scan studies, and you
22 haven't conducted one, right?

23 A. But a scan study is not going to necessarily show that.
24 Those are behavioral constructs that won't show up in a scan
25 study.

M6mWme14

Greenfield - Cross

1 Q. And those are behavioral constructs that are pretty hard to
2 apply to all people, right?

3 A. I would say that there's no behavioral construct that
4 applies to all people.

5 Q. And so you can't say, for example, that using the internet
6 causes the loss of one's ability to discern fantasy from
7 reality for all people, right?

8 A. No, you cannot say that for all people.

9 Q. And in order to draw a conclusion like that, you would have
10 to actually evaluate someone, right?

11 A. Yes. To make a comment about that particular person, you
12 would have to evaluate them.

13 Q. Which, by the way, there is no diagnosis, as we established
14 earlier, that's been recognized by the World Health
15 Organization or by any other known body, like the American
16 Psychiatric Association, that would allow you to make that
17 conclusion, right?

18 A. That -- that is correct in terms of the nomenclature, but
19 that does not mean that people don't diagnose internet
20 addiction problems.

21 Q. And Dr. Greenfield, you have not been able to conduct any
22 evaluation that would allow you to opine that the loss of one's
23 ability to discern fantasy from reality was present in this
24 case for this defendant, right?

25 A. That is correct.

M6mWme14

Greenfield - Cross

1 Q. And as we discussed, it would be impossible for you to
2 apply that conclusion to people generally, right?

3 A. I don't think you can ever make a comment in science about
4 every single person.

5 Q. So, Dr. Greenfield, you called the maybe factor the idea
6 that social media users post online without knowing what
7 content would be rewarded or validated, right?

8 A. Yes.

9 Q. And as we just established, that's not something you can
10 apply to all people because that wouldn't be responsible
11 science, right?

12 A. Yeah, I suppose.

13 Q. But if that did happen, your view is that happens even when
14 people post entirely true and accurate statements, right?

15 A. I'm not following you. I'm sorry.

16 Q. Even when people post a wholly true and accurate statement
17 about themselves online --

18 A. OK.

19 Q. -- the maybe factor of not knowing what content will be
20 rewarded and validated still happens --

21 A. Oh, yeah.

22 Q. -- in your view?

23 A. I would agree. It doesn't matter whether the content is
24 true or not.

25 Q. And that's true even when they post online to groups of

M6mWme14

Greenfield - Cross

1 people who are identified to them as their friends on social
2 media, right?

3 A. I suppose so. I don't think it matters whether they're
4 friends or not. I think it has -- I mean although that might
5 increase the saliency; I think it's just the recognition and
6 acknowledgment that increases it.

7 Q. You also testified about role playing --

8 A. Yes.

9 Q. -- is that right?

10 And you testified that role playing is taking on an
11 identity that is different from the reality of your life,
12 right?

13 A. Yeah.

14 Q. That's the definition, right?

15 A. Essentially, yeah.

16 Q. OK. And you have never done any specific research on role
17 playing on the internet?

18 A. Not specific to just role playing, no.

19 Q. And you have not personally gathered any statistics about
20 how often people role play on the internet, right?

21 A. No.

22 Q. You have no idea what percentage of people online are
23 engaged in role play, right?

24 A. Yeah. I mean I wouldn't be prepared right now to give that
25 number, no.

M6mWme14

Greenfield - Cross

1 Q. And you know that pretending to be someone else is
2 relatively uncommon on the internet, right?

3 A. I mean I don't know that. You're -- you're telling me
4 that. You must be basing it on something. I don't know that
5 for a fact, but I'm not shocked by that.

6 Q. You are not surprised to learn, for example, that studies,
7 including one of the studies you provided to the defense,
8 stated that pretending to be someone else is relatively
9 uncommon on the internet, right?

10 A. Yeah, I think that's -- I mean it wouldn't surprise me.

11 Q. And for the record, I'll note that that statement is
12 contained in Government Exhibit 21, which has been received by
13 the Court at page --

14 A. Most of the time what I see is people -- they -- they don't
15 change their name and identity. They just change a lot of
16 features about themselves.

17 Q. And by the way, Dr. Greenfield, you view any lie about
18 their identity as role play, is that right?

19 A. Yeah, I think that that falls into the category. I mean
20 I --

21 Q. And we saw, Dr. Greenfield --

22 MS. WERNER: May he finish his answer, your Honor?

23 THE COURT: Thank you.

24 Did you have more to say, Dr. Greenfield?

25 THE WITNESS: Yeah. I don't think that necessarily

M6mWme14

Greenfield - Cross

telling someone you weigh 160 pounds when you really weigh 180 falls, means that you're necessarily role playing, although you could argue that. I think that playing a role is sort of taking on a character that is substantively different than who you actually are. I suppose it's a -- it's a factor that moves in that direction.

BY MS. RAVENER:

Q. Well, Dr. Greenfield, I believe you testified earlier today that any lie about your identity would be, in your view --

A. In a sense it is --

THE COURT: I'm sorry. Let me just make sure that the reporter got the full question.

THE WITNESS: Sorry.

THE COURT: Please, counsel.

THE WITNESS: I agree that there's --

THE COURT: I'm sorry.

THE WITNESS: Sorry.

THE COURT: Let's just wait for counsel.

BY MS. RAVENER:

Q. Dr. Greenfield, I believe you testified earlier today that any lie about your identity would be, in your view, role play?

A. It is a form of role play, but I don't know that it involves -- it rises to the level where someone has taken on a whole new identity.

THE COURT: Counsel, let me just apologize. I'd like

M6mWme14

Greenfield - Cross

1 to take a short break just to let everyone stretch their legs
2 at some point. We don't need to do that at this very moment,
3 but if you could be looking for a reasonable place for a
4 natural break, I'd appreciate it.

5 MS. RAVENER: Yes, your Honor. I believe that I may
6 have about 15 minutes left.

7 THE COURT: Thank you.

8 So is this a reasonable break point, counsel?

9 MS. RAVENER: That's fine.

10 THE COURT: Good.

11 So, counsel, I'm going to propose that we take just a
12 five-minute break to let everyone stretch their legs.

13 Dr. Greenfield, during this recess, as before, I'm
14 directing that you not discuss this case or your testimony in
15 it with anyone.

16 I'll see you all back here in about five minutes.
17 Thank you.

18 (Recess)

19 THE COURT: Thank you. Please be seated.

20 So we're back on the record after a short recess.

21 Counsel for the United States, you can proceed.

22 MS. RAVENER: Thank you, your Honor.

23 Q. Dr. Greenfield, when we left off, we were talking about
24 role playing. Do you recall that?

25 A. I do recall.

M6mWme14

Greenfield - Cross

1 Q. And you haven't done any research on role playing in
2 person, right?

3 A. I'm not --

4 Q. You're aware that people gather --

5 A. Oh.

6 Q. -- to do role playing in person, right?

7 A. No. I have not done research on that, but I am aware of
8 that.

9 Q. And you have no idea how often people gather in person to
10 role play in real life, right?

11 A. No, I don't know that -- those statistics.

12 Q. You haven't written any peer-reviewed articles regarding
13 role play on the internet, right?

14 A. Not solely on the role play, no, but I did include it in
15 some of my work.

16 Q. And nonetheless, without knowing how often people role play
17 in real life, you formed the opinion that people must role play
18 more often on the internet, correct?

19 A. You're saying that -- I would say that it's much -- yeah.

20 Yes. That is a conclusion that I would come to. I don't know
21 that for a fact in the sense that I've not evaluated in the
22 world how many times people do role playing in person, but I do
23 think it's a reasonable assumption that people do it more
24 frequently, more easily online.

25 Q. And that's an assumption, right?

M6mWme14

Greenfield - Cross

1 A. It is. Absolutely. It's an educated assumption.

2 Q. And Dr. Greenfield, you have treated patients, and that's
3 part of your basis for understanding role play, right?

4 A. Yes, part of it.

5 Q. But you have not treated any patients who have role played
6 as a terrorist seeking to kill Americans, have you?

7 A. No, I have not.

8 Q. Never came up, right?

9 A. Nope. I don't think so.

10 Q. You're not aware of any particular web forums where people
11 go in order to pretend to be a terrorist seeking to kill
12 Americans when they're really not one, right?

13 A. I'm not aware of any.

14 Q. And instead, your work focuses on role playing primarily
15 involving cyber sex, correct?

16 A. No. No. I would say the role playing often involves video
17 game characters, some with -- a lot of it with sex, but not all
18 of it. A lot of it is anime acting, animal acting, historical
19 characters, very --

20 Q. You hold yourself out --

21 MS. WERNER: Objection.

22 MS. RAVENER: Excuse me.

23 THE COURT: You can proceed, counsel.

24 BY MS. RAVENER:

25 Q. You hold yourself out as specializing, as we discussed, in

M6mWme14

Greenfield - Cross

1 internet addiction and sexual addiction in particular, right;
2 sexual behaviors?

3 A. Well, people tend to get themselves into a lot of
4 difficulty sexually online.

5 Q. OK. And you found that if you engage in online cyber sex,
6 you are probably much more likely to have a real-time affair
7 off-line, right?

8 A. Yeah, that was one of the statistics that we found.

9 Q. You found a clear correlation between, for example, cyber
10 sex online and then carrying out that very activity, right?

11 A. Yes. It was -- I mean not -- it's not a 100 percent
12 correlation. I think it was 30 percent more likely, and I may
13 be misquoting the number.

14 Q. You called it a clear correlation in your book --

15 A. Yes.

16 Q. -- right?

17 A. Yes, that's true.

18 Q. And a progression from virtual sex to actual sex, right?

19 A. Yes.

20 Q. And in other words, people often carry out their online
21 plans in real life, right?

22 A. No, that's not what I'm saying. What I'm saying is that
23 when it comes to sex, there is a higher likelihood that people
24 will engage in real-time sexual behavior or approaching
25 real-time sexual behavior if they start out online.

M6mWme14

Greenfield - Cross

1 Q. And that's because there is a clear correlation between
2 cyber sex and what they do off-line, right?

3 A. That is correct.

4 Q. And cyber sex is one of the things you study a lot, right?

5 A. Yeah. I would say that's true.

6 Q. And as we established, terrorism is not something that you
7 study a lot, right?

8 A. I would not hold myself as an expert in terrorism.

9 Q. You have never written, published, or presented on any
10 nexus between heavy internet use and white supremacists, right?

11 A. No.

12 Q. You've never written, published, or presented on any nexus
13 between heavy internet use and terrorism-related activity,
14 right?

15 A. No, I have not.

16 Q. You've never treated someone who was a member of ISIS,
17 right?

18 A. No.

19 Q. You've never treated someone who is a member of Al Qaeda?

20 A. No.

21 Q. You've never treated someone who is a member of a white
22 supremacist terrorist group, like the Ku Klux Klan, correct?

23 A. Correct.

24 Q. And as an expert on the internet, surely you're aware that
25 terrorists and terrorist organizations make significant use of

M6mWme14

Greenfield - Cross

1 the internet for real-world purposes, right?

2 A. I am aware of that.

3 Q. You're aware that they use the internet for recruiting,
4 right?

5 A. Yes.

6 Q. You're aware that they use the internet for financing,
7 right?

8 A. Yes.

9 Q. For training, right?

10 A. I was less aware of that, but that doesn't surprise me.

11 Q. Or incitement to commit acts of terrorism, right?

12 A. I -- I would -- that, again, doesn't surprise me.

13 Q. And terrorists and foreign terrorist organizations and
14 domestic terrorists, they all use the internet also for
15 gathering and disseminating information and -- excuse me,
16 gathering and disseminating information for terrorist purposes,
17 right?

18 A. I -- yes, I would agree with that.

19 Q. And domestic and foreign terrorists use the internet for
20 disseminating information for purposes that include material
21 support for planned acts of terrorism --

22 MS. WERNER: Objection.

23 Q. -- right?

24 MS. WERNER: Your Honor, he's testified that he's not
25 an expert in the --

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Greenfield - Cross

1 THE COURT: Thank you.

2 You can proceed, counsel.

3 You can answer the question, Dr. Greenfield.

4 A. Yeah. I mean I don't know that factually, but I mean none
5 of that surprises me.

6 (Continued on next page)

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M6M5me15

Greenfield - Cross

1 BY MS. RAVENER:

2 Q. You are not aware of that?

3 A. Not in the sense that I have studied it extensively myself,
4 but.

5 Q. Dr. Greenfield, you are here as an expert on Internet use
6 and behavior, right?

7 A. Right.

8 Q. And so it is your testimony that you are not familiar with
9 the use of the Internet for providing information that includes
10 material support for planned acts of terrorism?

11 A. Well, I'm not an expert in terrorism but if you are asking
12 me am I aware that people use the Internet for nefarious acts,
13 of course, yes, they do.

14 Q. Are you familiar with the United Nations Office on Drugs
15 and Crimes' report on use of the Internet for terrorist
16 purposes?

17 A. I have not read the report.

18 Q. Are you familiar with the report?

19 A. I have heard of it but I have not read it.

20 Q. You have heard of the report.

21 And you are then familiar about the fact --

22 MS. WERNER: Objection.

23 THE COURT: You may proceed, counsel. Ask the
24 question.

25 Q. -- that the Internet is used for terrorist purposes?

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Greenfield - Redirect

1 A. Again, that does not surprise me; yes. I am aware that it
2 is used for terrorism.

3 Q. Including committing acts of terrorism, right?

4 A. Yes, including that.

5 MS. RAVENER: One moment?

6 (Counsel conferring)

7 MS. RAVENER: No further questions.

8 THE COURT: Thank you.

9 Counsel for defendant?

10 REDIRECT EXAMINATION

11 BY MS. WERNER:

12 Q. Good afternoon now, Dr. Greenfield.

13 A. Good afternoon.

14 Q. You were asked on cross-examination about your expertise
15 and speciality in addiction. What is it about your expertise
16 in Internet addiction that qualifies you to share thoughts on
17 Internet use and behavior more generally?

18 A. Because you can't understand the abuse or addictive use of
19 substance or behavior without understanding the behavior or the
20 substance. That would be like saying you could treat cocaine
21 addiction without understanding the pharmacology or
22 neurobiology of how cocaine addiction operates. So it is
23 essentially to understand the subject matter of what it is that
24 people are becoming addicted to or even overusing or abusing,
25 which is really where things are moving.

M6M5me15

Greenfield - Redirect

1 Q. And has your research examined the difference between
2 Internet use and Internet addiction and the commonalities of
3 behavior between a general user and an addicted user?

4 A. Yes.

5 Q. You were asked on cross-examination about the focus of your
6 writing on Internet addiction. Have you written, generally, on
7 the ideological and neurobiological aspects of Internet use in
8 your peer-reviewed articles?

9 A. Yes, I have. And I have given a lot of lectures on that
10 subject.

11 Q. You were asked on cross-examination about the fact that you
12 don't have a medical degree. Does your training as a
13 psychologist prepare you to testify about addiction?

14 A. Absolutely.

15 Q. What part of your training prepares you to testify about
16 addiction?

17 A. Well, my coursework, my clinical experience, my board
18 certification, my advanced training, my fellowship, my
19 internship. I mean, I have both a significant amount of
20 experience in addiction medicine so, yes. You don't have to be
21 a medical doctor to be an expert in addiction medicine or
22 addiction.

23 Q. Is it common for psychologists to have an expertise in
24 addiction?

25 A. As common as it is, it is probably more common among

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Greenfield - Redirect

1 psychologists as well as other mental health professionals.

2 The addictionology field and addiction medicine field is an
3 interdisciplinary field so the American Society of Addiction
4 Medicine has got members that are psychologists, psychiatrists,
5 some are general docs, some are social workers. It is really a
6 wide range of professionals that practice addiction medicine.

7 Q. During your 20 years on the faculty of the University of
8 Connecticut, what school and department did you serve in?

9 A. In the School of Medicine in the Department of Psychiatry.

10 Q. And what did you teach there?

11 A. I taught addiction medicine, I taught Internet addiction --
12 courses in Internet addiction. I taught courses in sexual
13 medicine and sexual addiction. And, I supervised third-year
14 residents.

15 Q. You were asked on cross-examination about disagreement in
16 the field about the appropriate labeling for Internet addiction
17 or Internet compulsion, Internet use disorder.

18 A. Yes.

19 Q. Does this disagreement in the field mean there is
20 disagreement about whether addiction -- I'm sorry, whether the
21 Internet is being abused and whether there is a phenomenon of
22 Internet abuse?

23 A. I don't think there is a huge amount of disagreement in the
24 professional addiction community that the Internet can be an
25 addictive experience and that people are experiencing addiction

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Greenfield - Redirect

1 to it. I do think there are disagreements with regard to the
2 nosology, the labeling, and a little bit to what criteria go
3 into the equation to decide whether someone is addicted or not,
4 but I don't think the root concept of whether Internet
5 addiction or some variation of that exists is really up for
6 debate at this point. It has been accepted.

7 Q. Can you define the term "nosology"?

8 A. Labeling, like the way you would label a diagnosis or a
9 syndrome or condition.

10 Q. Is it unusual for there to be some disagreement about
11 labeling or nosology in a behavioral -- give me one second --
12 in a behavioral science field?

13 A. Actually, medicine is one of the most inexact fields you
14 could find. There is disagreement with everything including
15 surgical procedures.

16 Q. What is the basis for your belief that in 2022 many or most
17 people are abusing the Internet?

18 A. Well, I don't know if -- I mean, abuse is a value-laden
19 term so I would say overusing, in the sense that everyone is
20 complaining about it and the statistics, the surveys that have
21 been done long since mine are showing that large numbers of
22 people feel like they're overusing their devices and they wish
23 that they could use it less. Whether that meets the criteria
24 where they need help or not -- I mean, most people don't get
25 help, they just live with whatever they're doing and either

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Greenfield - Redirect

1 complain about it or suffer whatever consequences come about as
2 a result of it. The average user in America right now is
3 probably pushing three or four hours and in some cases the
4 numbers are going up to seven or eight hours and those numbers
5 have increased by 15 percent since the pandemic. If you add up
6 the number of hours that the average person spends online -- if
7 you spend three hours a day online and you sleep eight and you
8 start as a kid and you live into your 80s, you are going to
9 spend 10 years of your life on the Internet.

10 Q. You spoke about smartphones. Are you aware of any
11 mechanism on smartphones that have been developed to help
12 people control their Internet use?

13 A. Yes. There are apps built into the operating system and
14 there are aftermarket apps, I have worked with some of them.
15 We employ an IT person in our clinic who helps people install
16 those. They're helpful. And they can limit it. The big part
17 with the smartphone is you have it in your pocket or your
18 pocketbook.

19 Q. You are not suggesting that you can make a diagnosis of
20 everyone in the world as an Internet addict, are you?

21 A. I think it would be grandiose of me to say everybody in the
22 world is an Internet addict. I think -- I think it is a
23 reasonable statement to say that we are overscreened and
24 overwired and that there are some consequences to that and
25 there have been some severe, significant consequences as a

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Greenfield - Redirect

1 result of excess social media use that are not helping not just
2 the individuals, but society.

3 Q. You were asked on cross-examination about the
4 self-assessment that is included in your more recent book.

5 A. Yes.

6 Q. To be clear, do you use a self-assessment or a quiz in your
7 clinical practice?

8 A. No, because the self-assessment is just what it is, these
9 are tools that people use themselves and the disclaimer on the
10 tool is that they should not rely on that as a sole indicator
11 as to whether they have a problem or not, that it needs to be
12 confirmed by a mental health or addictions professional.

13 Q. And what is the audience for your more recent book?

14 A. Well, that's a good question. I have no idea. I mean, I
15 wrote it -- the reality is that the people who buy books on
16 mental health or addiction are not the people who have the
17 problems, they're usually family members or loved ones or
18 interested parties who then try to impart that information to
19 the addict. Very few people who have a problem seek out the
20 book.

21 Q. But is that an academic text?

22 A. What is?

23 Q. Your more recent book, Internet use -- I'm sorry.

24 A. I mean they're all based on some of my original studies but
25 they've been updated. They've not been re-normed. There are

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Greenfield - Redirect

1 tests that have been re-normed more recently that are for sale,
2 in other words tests that have been published. I haven't done
3 that.

4 Q. What is the audience for your peer-review journals on the
5 subject of Internet use and behavior?

6 A. Other professionals. And the book also, my expectation was
7 that professionals would buy it and use it.

8 Q. You were asked about your 1999 survey and the fact that
9 participants self-selected into that survey. Is that common in
10 behavioral science research?

11 A. All behavioral science research people are self-selected.

12 So there is an inherent bias in all behavioral science
13 research that somebody who agrees to participate has some
14 potential for bias. You have to sort of include that in your
15 analysis and just take that for granted as part of the nature
16 of doing that kind of research. There is no way to objectively
17 examine or experiment on people without their knowledge or
18 their agreement.

19 Q. Can you give any other examples of behavioral science
20 research studies where participants self-report or self-select,
21 other types of fields?

22 A. You mean in behavior? I mean, certainly most of psychology
23 research and psychiatry research are self-selected. Even
24 evaluations of responses to medications people self-selected,
25 they agree to participate in the study and, in fact, in some

M6M5me15

Greenfield - Redirect

1 cases they get paid for participating in the study or they get
2 free treatment. So that's the nature of all human subject
3 research, is self-selection.

4 Q. Did you pay the participants in your '99 study?

5 A. No.

6 Q. And is it generally accepted in the field of psychology to
7 use this self-reporting mechanism research in a study of this
8 sort?

9 A. There are studies that people are paid. I can't tell you
10 what percentage.

11 Q. Sorry, just to clarify, I'm not asking about paying
12 participants, I am asking about self-reporting. Is it standard
13 to rely on self-reporting and self-selection in a behavioral
14 science survey?

15 A. Yes. It's very, very common.

16 Q. And is that generally accepted in the field?

17 A. Yes, but with acknowledgment of the potential for bias.

18 Q. You were also asked about the possibility that your survey
19 participants were lying.

20 A. Sure.

21 Q. Were there any safeguards in your study to protect against
22 data being skewed by that possibility?

23 A. Yes, there were some statistical tests that were put into
24 the analysis that would look for in -- what's the word --
25 response patterns that would reflect lying -- and this is way

M6M5me15

Greenfield - Redirect

1 beyond my pay grade because this involved some very
2 sophisticated statistical analysis -- and then also people that
3 would repeat things and people that would respond too
4 affirmatively or too negatively, all that data was thrown out.
5 So I don't know, about 1,500 subjects or so were thrown out
6 because we thought there was a high likelihood that they were
7 lying or misrepresenting themselves. We can't guarantee that
8 nobody snuck in, but we did try.

9 Q. And did you partner on that study with a statistician whose
10 pay grade that was not beyond?

11 A. Yes. In fact, I think she did get paid for doing the
12 statistical analysis.

13 Q. You also discussed the large sample size of that study.

14 Did the large sample size help to address the possibility that
15 lying might have skewed the results?

16 A. Yes. The larger the sample, the more valid your
17 conclusions are because you average out the error, you decrease
18 the error, and increase the power of the study. So, you know,
19 if you have a study of 20 subjects, that error can be very
20 skewing but when you have 1,700, that error gets spread out
21 throughout that data set.

22 Q. I believe you testified that around 6 percent of the
23 respondents to that study seems to be overusing the Internet?

24 A. Well, they met the criteria of what I defined then as
25 addicted or -- we use the word compulsive at the time -- it was

M6M5me15

Greenfield - Redirect

1 about 5.9 percent, which that statistic is pretty consistent to
2 what people find today.

3 Q. Would you expect that number to be higher if your data set
4 was skewed by the phenomenon of self-reporting by lies?

5 A. I don't know what incentive there would be for someone to
6 lie about a negative circumstance but I suppose it's possible.

7 Q. You were asked on cross-examination about the phenomenon of
8 lying on the Internet and the reasons why people lie. You were
9 asked whether people lie in order to be in better stead with
10 the people they're lying to. Do you remember that?

11 A. Yes.

12 Q. Are you familiar with cases involving dynamics such as age
13 play?

14 A. Yes.

15 Q. And are you familiar with online fetish?

16 A. Oh yes.

17 Q. And are you familiar with online fetish spaces where people
18 disclose criminal behavior and criminal fetishes?

19 A. Oh yes.

20 MS. RAVENER: Objection.

21 THE COURT: Thank you.

22 You can go ahead and answer the question,
23 Dr. Greenfield.

24 THE WITNESS: Yes. I was asked to comment on such a
25 case, actually that was in New York.

M6M5me15

Greenfield - Redirect

1 BY MS. WERNER:

2 Q. In cases of that nature, do people disclose lies that
3 others might find reprehensible or even criminal?

4 A. Yes.

5 Q. Why might they do that?

6 A. Because they feel that it might be valued within the
7 community that they're revealing that information. In other
8 words, it increases their cred within that world.

9 Q. So in a world where the fetish is about something that
10 would in the common space be deemed reprehensible, someone
11 might be held in higher stead by admitting --

12 A. Yes. That's correct.

13 MS. WERNER: Brief indulgence?

14 THE COURT: That's fine. Please take your time.

15 Q. You were asked on cross-examination about lies that people
16 tell in their everyday life. Do you have a sense that there is
17 a different sort of lying that can occur online?

18 I can rephrase.

19 A. Yes, please.

20 Q. Are people able to lie about things online that they cannot
21 get away with lying about in real life?

22 A. Yeah, I would believe so, because there is no validation
23 checks. I mean, ultimately, if you lie about, you know,
24 whether you wear glasses or not and then you meet the person,
25 you will know whether they wear glasses or not. Online you may

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Greenfield - Redirect

1 never meet the person, you may never see them, you may never
2 talk to them, you may never have any way to validate or
3 invalidate what they're saying.

4 Q. So does that mean that online it is possible to role play
5 identities that are more different from your own?

6 A. Yes. I believe so.

7 Q. You were asked on cross-examination about your reliance on
8 your personal experience as a factor. Is that all you rely on
9 when you are drawing your academic conclusions?

10 A. No. I just use myself as one of the many. I certainly
11 don't base my research conclusions on myself, that would be not
12 a smart idea. Although, I do miss my smartphone right now
13 which I had to give up downstairs.

14 Q. You were provided with a definition of disinhibition on
15 cross-examination. Do you remember that?

16 A. I do.

17 Q. Have you also written that disinhibition seems to allow
18 users to express and experience themselves in a manner that is
19 less affected by ego constraints allowing them to take on
20 alternate persona, roles, or behaviors?

21 A. Yes. I believe I wrote that.

22 Q. Do you recall writing that in a peer-reviewed journal?

23 A. I don't know where I wrote it but it sounds like something
24 I would write.

25 Q. Would it refresh your recollection to see a copy of the

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Greenfield - Redirect

1 article where you state that?

2 A. Sure.

3 Q. You have a binder in front of you.

4 A. I do.

5 Q. Directing you to the tab DG-4.

6 A. OK. What page?

7 Q. I apologize, DG-3.

8 A. OK. Got it.

9 Q. Do you recognize this article?

10 A. Yeah. This just came out last year.

11 Q. And I am directing you to page 101 which is the third page.

12 A. OK.

13 Q. I am directing you to the bottom of the page where there is
14 the direction of disinhibition.

15 A. Yes.

16 Q. Do you recall now publishing this recently in a
17 peer-reviewed journal?

18 A. I do.

19 Q. And so thank you, you can put your binder down.

20 So disinhibition, you were asked on cross-examination,
21 whether that allows people to reveal their truest selves but it
22 seems that disinhibition is also a phenomenon that allows
23 people to role play more easily; is that right?

24 A. Yes. Whether you could -- yes, the answer is yes, and I
25 can't tell you whether that's their true self or their less

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Greenfield - Redirect

1 truer self, but yes, I think they're freer to experiment with
2 aspects of themselves that they wouldn't ordinarily be able to
3 do.

4 Q. At its broadest level, would you say that disinhibition is
5 the freedom to say things you would not necessarily say in real
6 life?

7 A. Yes. That's the definition of it.

8 Q. Would that include role-playing roles that are edgy or
9 transgressive?

10 A. It could and often does.

11 MS. WERNER: Brief indulgence?

12 THE COURT: That's fine. Please take your time.

13 Q. Dr. Greenfield, you were asked on cross-examination about
14 meeting with Ethan Melzer.

15 A. Yes.

16 Q. Did you meet with Ethan Melzer because you were asked to
17 evaluate him?

18 A. No.

19 Q. Were you asked to diagnose him?

20 A. No.

21 Q. Have you been asked in this case to opine, in any way, on
22 Ethan Melzer's culpability?

23 A. No.

24 Q. Have you been asked in this case to give any opinion about
25 whether he is addicted to the Internet?

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Greenfield - Redirect

1 A. No.

2 Q. Have you been asked to give any opinion on whether Ethan
3 Melzer, in particular, experiences the behavioral dynamics that
4 we have spent so much of today discussing?

5 A. No.

6 Q. But you did meet with Mr. Melzer?

7 A. I did.

8 Q. And you were asked about a specific conclusion; the
9 conclusion, I believe, was that he was a stupid kid who was in
10 over his head?

11 A. Yes.

12 Q. What else did you conclude about Mr. Melzer from meeting
13 with him?

14 A. I thought that he was an intelligent guy who lacked a lot
15 of self-esteem -- these are my impressions -- and that he was
16 using the chats as a means to kind of show off, almost, to kind
17 of belong to something. I have no idea whether he believed
18 them or not or what he knew or didn't know, but I know that he
19 seemed way over his head in terms of what he was doing.

20 Q. Have you been asked to share that testimony at a trial in
21 this case?

22 A. Not at this point. No.

23 MS. WERNER: No further questions.

24 THE COURT: Thank you.

25 Counsel for the United States?

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1 MS. RAVENER: One moment, your Honor?

2 THE COURT: Thank you. Please, take your time.

3 (Counsel conferring)

4 MS. RAVENER: Your Honor, we have no further questions
5 for this witness.

6 THE COURT: Thank you.

7 Dr. Greenfield, thank you very much for your
8 testimony. You can step down.

9 THE WITNESS: Thank you.

10 (witness steps down)

11 THE COURT: Counsel, first, thank you very much for
12 doing all of that good work in the amount of time that we had
13 to do it. I appreciate very much the clear attention to the
14 issues here that both parties put into the presentation of
15 Dr. Greenfield's testimony here. The issue is fully submitted.
16 I am happy to take this under advisement and I will try to rule
17 on it well in advance of trial.

18 There are also a number of pending applications to the
19 Court that were submitted to me recently. I will try to take
20 those up promptly, too. I expect to see you all here on the
21 27th. I don't know if I am going to be in a position to rule
22 on this motion by then but I can tell you that I will do my
23 best to put ourselves in a position to resolve the issue
24 regarding the admissibility of Dr. Greenfield's testimony
25 sometime next week, that is, in advance of trial. If not on

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1 the 27th, then perhaps later. I actually expect to enter an
2 order later today just to set a placeholder conference for
3 Friday the 1st in the event that there is any work that we have
4 not completed by that date so we can take it up. You will see
5 that order issued later today.

6 Counsel, I don't want to invite plenary argument
7 regarding Dr. Greenfield's testimony. Again, the issues have
8 been well-presented to me by the parties. I expect to resolve
9 them based on the evidence that was presented here. I have one
10 just slightly interesting to me question that I would just like
11 to hear your views on.

12 There are suggested, in some of the questions by the
13 United States, namely related to Dr. Greenfield's
14 qualifications to testify in the areas of -- I will call it --
15 psychiatry, neurology, and evolutionary biology. There are a
16 number of points of his proposed testimony where he speaks
17 about the effect of dopamine on the brain, he talks about scan
18 studies which, as counsel for the United States pointed out, he
19 did not himself conduct. So I would just like to hear from
20 each of you briefly, counsel, about your views as to
21 Dr. Greenfield's qualifications to testify as to such topics.
22 I should say, except for purposes of this conversation, that I
23 will conclude that he is qualified as a clinical psychologist
24 as a general matter, although I haven't yet made that
25 determination, but I would just like to hear from you about

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1 whether and to what extent his experience and expertise and
2 educational training qualify him to testify about neurology
3 and, in particular, I will call it biological underpinnings of
4 the human brain that were the subject of a portion of his
5 testimony. Let me hear first from counsel for defendant.

6 MS. WERNER: Thank you, your Honor.

7 I believe his testimony supports the fact that both
8 his training and his practice have prepared him for such
9 testimony. So during his own educational studies and his Ph.D
10 program he undertook a study of addiction. He testified that
11 these concepts are fundamental to the study of addiction
12 psychology and that they're generally accepted in the field of
13 addiction psychology. He also testified about a fellowship
14 that he completed subsequent to his Ph.D in the field,
15 specifically, of psycho-pharmacology. Your Honor, he also
16 testified about his own academic experience including 20 years
17 on the faculty of the University of Connecticut School of
18 Medicine in the Department of Psychiatry which he was qualified
19 to do because of the close relationship between the fields of
20 psychology and psychiatry, as well as his own extensive
21 experience practicing as a psychologist in a hospital setting.
22 And so, your Honor, I think there is no doubt on this record
23 that Dr. Greenfield is qualified to render testimony on that
24 subject based on his own training and experience.

25 In terms of the scan studies specifically, he

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1 testified about having reviewed those and how those are
2 commonly relied upon in the field of addiction medicine which,
3 although he is not a medical doctor, he is an expert in this
4 field of addiction, certainly.

5 THE COURT: Thank you.

6 Counsel for the government?

7 MS. RAVENER: Thanks, your Honor.

8 Your Honor, may I remove my mask to address the Court?

9 THE COURT: You may if you take the podium.

10 MS. RAVENER: That's fine. I will leave it as is.

11 Your Honor, defense counsel's argument betrays one of
12 the foundational problems with Dr. Greenfield's proposed
13 testimony in this case which is the focus on addiction. There
14 is no direct link as required under the rules and under *Daubert*
15 analysis to show that any testimony about any kind of
16 addiction, Internet or otherwise, has any place in this trial.

17 To the extent that Dr. Greenfield is basing his testimony
18 regarding the biological underpinnings or activities of the
19 human brain on that school of science, it's inapposite as
20 applied to this case and so we believe that he is not qualified
21 to talk about those things in the context of this case and as
22 applied to these facts. The logical conclusions that he has
23 presented and drawn here are untethered to the science and to
24 his experience and qualifications. In addition, while it may
25 be permissible for him to speak about his review of the

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1 literature and studies conducted by others, if he truly had
2 expertise in that area we don't believe that it has been
3 established and that the defense has met their burden to show
4 that he has those qualifications. He did not name a single
5 study that he was relying on so we cannot discern whether he is
6 relying on one study, multiple studies, what those studies are
7 so that they can be independently reviewed, and so that the
8 Court can be assured that he is not simply repeating hearsay
9 from a single study. Moreover, whether those studies were
10 conducted in the context of addiction science would also be an
11 issue that would undermine his qualifications to address them
12 in the context of this case where, by his own account, he
13 cannot say any Internet addiction is present or relevant.

14 THE COURT: Thank you.

15 Any response to that line of argument, counsel for
16 defendant?

17 MS. WERNER: Very briefly, your Honor.

18 THE COURT: Please.

19 MS. WERNER: I think that the testimony could not be
20 clearer that Dr. Greenfield's expertise in addiction gives him
21 a unique qualification to share his conclusions about Internet
22 use more generally, in addition to the fact that he has spent a
23 great deal of time researching and comparing the behaviors of
24 people who simply use the Internet to the behaviors of people
25 who abuse them. In addition, your Honor, I believe his

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1 testimony about the scan studies was that the scan studies show
2 the affect of dopamine in the brain not only for those who
3 suffer from addiction but also those who are just receiving a
4 dopamine hit in the part of the brain that is receptive to the
5 neurotransmitter dopamine.

6 THE COURT: Thank you.

7 I did not invite plenary argument on this but since
8 counsel for the United States raised it, counsel for defendant,
9 how do you respond to the argument presented by counsel for the
10 United States that testimony regarding addiction here doesn't
11 fit with this case, in other words, that there is no support
12 for the conclusion that Mr. Melzer or anyone else involved in
13 the offense was an Internet addict, whatever that means.

14 MS. WERNER: Yes, your Honor. Thank you.

15 The testimony about Internet addiction is relevant in
16 as much as it provides context for Dr. Greenfield's testimony
17 about individual and group behavior on the Internet generally,
18 and it so happens as a result of his focus on addiction that
19 some of the research he has conducted on individual behavior,
20 the individual behavior of Internet users is framed in the
21 context of a comparison with Internet addicts. There is no
22 question that his testimony about Internet use, generally, is
23 extremely relevant to this case which turns entirely on an
24 evaluation of the behavior of a set of individuals in an online
25 chat room. And so, if Dr. Greenfield can provide context for

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1 how people generally behave in large numbers online and to set
2 that in the context of his expertise as an Internet addiction
3 psychologist, that is extraordinarily relevant and useful to
4 the jury.

5 THE COURT: Thank you.

6 Let me just make sure I understand the defense's
7 position here. As I understand it, you are not planning to
8 introduce the testimony of Dr. Greenfield regarding Internet
9 addiction in order to suggest that Mr. Melzer or any of the
10 co-conspirators -- alleged co-conspirators were Internet
11 addicts. Instead, as I understand it, the testimony about
12 addiction is expected to frame Dr. Greenfield's testimony about
13 broader Internet use generally.

14 Is that fair?

15 MS. WERNER: That's correct, your Honor. And there is
16 one other way in which it is relevant and that is his expertise
17 on Internet addiction and his expertise on the neurobiology of
18 addiction more generally, including its basis in evolutionary
19 biology enables Dr. Greenfield to explain how the Internet
20 affects the human brain including the brain of an Internet
21 user, a general user who has not been diagnosed with Internet
22 addiction. He testified about the way that dopamine affects
23 the brain, for instance, when someone uses cocaine for the
24 first time or when somebody encounters gambling or sex or any
25 other behavior that causes a dopamine hit in the nucleus

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1 accumbens. So his testimony about dopamine and the brain is
2 relevant to our discussion of Internet use in a general way,
3 separate and apart from the testimony about addiction and
4 addicts specifically.

5 THE COURT: Thank you.

6 I apologize, I don't want to engage in a plenary
7 discussion regarding the briefing but let me just ask, since I
8 have you, counsel for defendant, to the extent that the defense
9 is not arguing that Mr. Melzer or any of the co-conspirators
10 are Internet addicts, and given that Dr. Greenfield is not
11 purporting to opine that they are, what's your view regarding
12 the 403 argument here? Why isn't that confusing -- so
13 confusing to the jury that I should exclude it? The
14 government, in essence, will make the argument -- has made the
15 argument -- I will reframe it -- that your presenting that
16 evidence to the jury suggests to them that they should make
17 some kind of unqualified diagnosis of Mr. Melzer based on the
18 description of what an Internet addict is. And we heard from
19 Dr. Greenfield today that diagnosing someone on that basis
20 would be, in his words, unethical. How do you respond to an
21 argument that presenting evidence regarding Internet addiction
22 and its markers here would be so confusing as to be unduly, I
23 will call it, to outweigh the probative value of the evidence
24 given the possibility of confusing the jurors?

25 MS. WERNER: Brief indulgence, your Honor?

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1 THE COURT: Thank you. That's fine. Take your time.

2 (Counsel conferring)

3 MS. WERNER: Your Honor, I think that the government's
4 403 arguments rely on a misframing or a misunderstanding of the
5 subjects that Dr. Greenfield will testify about at trial. I
6 believe it will be clear as day at trial that Dr. Greenfield is
7 testifying about Internet addiction only to provide context for
8 his opinions about Internet use and the fundamental science
9 that we have discussed. At trial, his testimony would be far
10 more cabined on the issue of Internet addiction which we needed
11 to flesh out today for the purposes of this hearing. The
12 government would also have the ability to vigorously
13 cross-examine him about what he can and cannot say on the
14 subject matter, but certainly it would be more cabined even at
15 the stage of direct examination. We are not proposing that he
16 will testify about an Internet addiction on the part of
17 Mr. Melzer or any other actor in this case.

18 THE COURT: Thank you. Good.

19 Do you anticipate that on direct examination he would
20 talk about diagnosing Internet addiction or any of the markers
21 for Internet addiction that were the subject of some of the
22 questioning here today?

23 MS. WERNER: No, your Honor. I think that testimony
24 is largely relevant in response to the government's arguments
25 about his ability to testify in general.

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1 THE COURT: Good. Thank you. That's helpful.

2 Counsel for the United States, any response?

3 MS. RAVENER: Yes, your Honor. First of all, any
4 testimony about Internet addiction, we believe, would run afoul
5 of Rule 403. The hearing here today confirms that this is a
6 notion of an unapproved alleged disease that has no bearing on
7 the facts of this case. To put that before the jury at all is,
8 in and of itself, a problem under Rule 403 and, we believe,
9 would violate the rule.

10 In addition, the major issue with doing that and with
11 Dr. Greenfield's testimony at large is that he has drawn
12 opinions and conclusions about the clouding of a person's
13 judgment, about the voluntariness of their behavior, about the
14 likelihood of them lying or engaging in fantasy that are wholly
15 unrooted in any scientific comparison, that could reasonably be
16 relied upon any expert in the field let alone by him, and to
17 the extent his alleged views of the science, that is, the
18 movement of dopamine in one's body or a person's biological
19 reactions to Internet use is drawn or derived from the setting
20 of addiction. That is drawing even further logical leaps and
21 assumptions that he just simply has not set forth and the
22 defense has failed to meet their burden to set forth a reliable
23 basis for.

24 So even if it were to have some marginal relevance
25 which we submit it actually does not, his testimony here today

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1 demonstrates that those opinions and those conclusions are not
2 adequately supported by reliable methods and lack a reliable
3 basis in violation of Rule 702 and for those reasons the
4 testimony drawing those conclusions should be precluded.

5 The defense had ample opportunity to elicit a basis
6 for those opinions from Dr. Greenfield. We submit we did not
7 hear one today and for those reasons the jury should not be
8 left to wonder about how they might apply these various bits
9 and pieces of Dr. Greenfield's purported experience on their
10 own. That's especially true, your Honor, where the defense has
11 expanded Dr. Greenfield's alleged scope of expertise to all
12 Internet use and all Internet behavior which is just simply not
13 an appropriate subject for expert testimony, certainly not in
14 this case.

15 The testimony here today has established what I think
16 we can all use our common sense to know, that the jury pool is
17 going to be highly likely to be very familiar with the use of
18 the Internet and their own lives, it has been common practice
19 for all of us to use the Internet for more than 25 years and
20 people use it regularly -- I believe Dr. Greenfield's own
21 testimony was something more than 90 percent or almost
22 everyone. This is not an area that the jury needs instruction
23 on. It does not matter to any fact in issue and it will not
24 help the jury assess any evidence presented in this case to
25 know whether or not dopamine affects the brain or to know the

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1 evolutionary biology that Dr. Greenfield believes might be
2 applicable to every time each and every one of us uses the
3 Internet. There is just no application for that on these facts
4 and on this evidence.

5 THE COURT: Thank you.

6 Counsel for defense, any response?

7 MS. WERNER: Yes. Thank you, your Honor.

8 First, I do disagree with the government's
9 characterization of whether or not we met our burden today and
10 with their characterization of our notice which I believe
11 firmly included the testimony that he is going to give at
12 trial. But more importantly, your Honor, I think it is
13 important not to lose sight of the fact that, repeatedly,
14 Courts in this district have admitted testimony by
15 psychologists like Dr. Greenfield that is informed largely by
16 clinical practice, by qualitative interviews, synthesis and
17 interpretation, and there are numerous examples where Courts in
18 this district have admitted testimony of that nature. And so,
19 I think when Dr. Greenfield testifies that he sees patients in
20 his clinical practice experience the clouding of their
21 judgment, that is valuable and that is admissible.

22 Turning, your Honor, to the subject matter of the
23 dopamine and the neuroscience, it is relevant in as much as it
24 helps frame his understanding of these individual behaviors;
25 Dr. Greenfield's understanding of the behaviors that he has

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1 seen in survey respondents, in surveys conducted by colleagues,
2 as well as patients in his own practice. It is impossible to
3 fully appreciate how he developed those theories and confirmed
4 them without understanding their rooting in this evolutionary
5 biology and neuroscience. Certainly it is not the main focus
6 of his testimony, nor is addiction, but it's a useful framing
7 for the jury to hear about, at least briefly.

8 THE COURT: Good. Thank you very much.

9 So again, thank you very much, counsel, for the time
10 and the careful presentation of evidence here. It was very
11 helpful for me so thank you for doing that work. I look
12 forward to seeing you all back here on the 27th and we will
13 take up issues related to the voir dire process.

14 Counsel, anything else that either side would like to
15 raise with me before I step down, first counsel for the
16 government?

17 MS. RAVENER: Your Honor, we don't have anything to
18 raise but we would ask for the Court's permission to stay
19 present in the courtroom for a few brief moments with the
20 Court's staff and defense counsel so we can confer about some
21 additional matters.

22 THE COURT: Thank you.

23 MS. RAVENER: I'm sorry, your Honor. One moment? And
24 we would ask the defendant to remain for that as well.

25 THE COURT: Thank you.

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1 Counsel for defendant, anything else that you would
2 like to raise with me before I step down?

3 MS. WERNER: No. Thank you, your Honor.

4 THE COURT: Good. Thank you.

5 Yes, I'm happy for the parties to remain in the
6 courtroom after I step down, and subject to the availability of
7 the marshal's service.

8 Thank you all again for your work. I will see you
9 Monday.

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